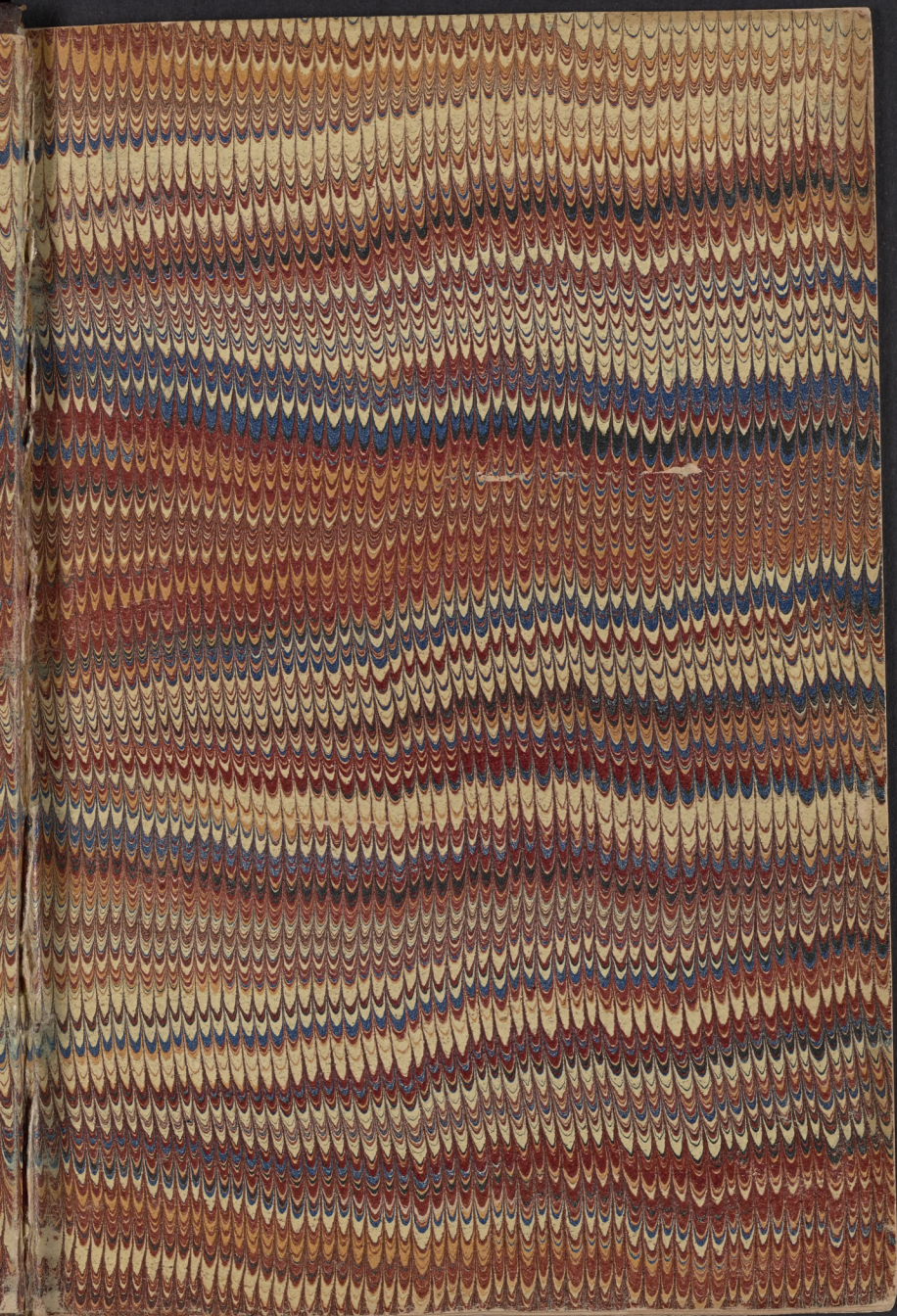
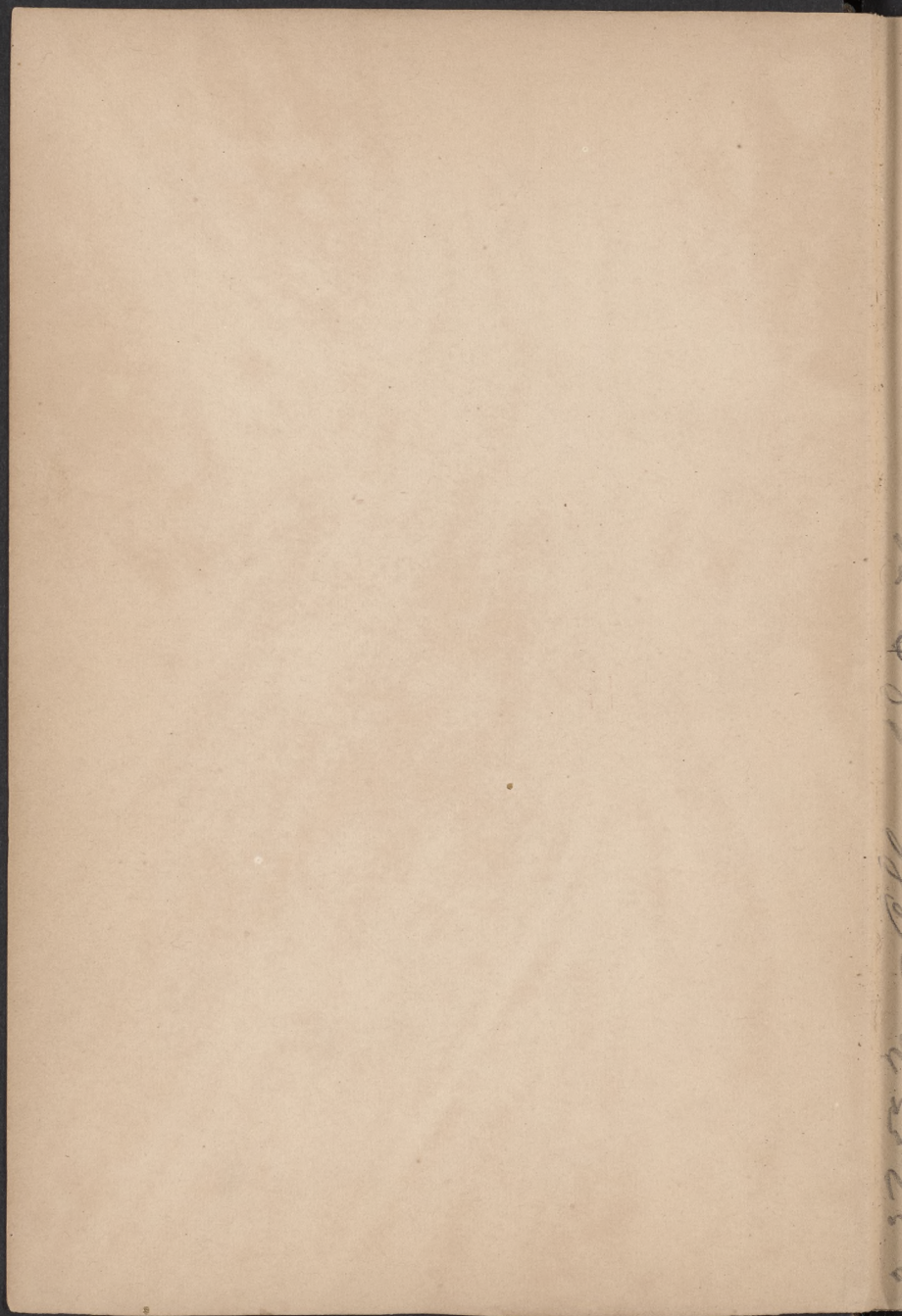
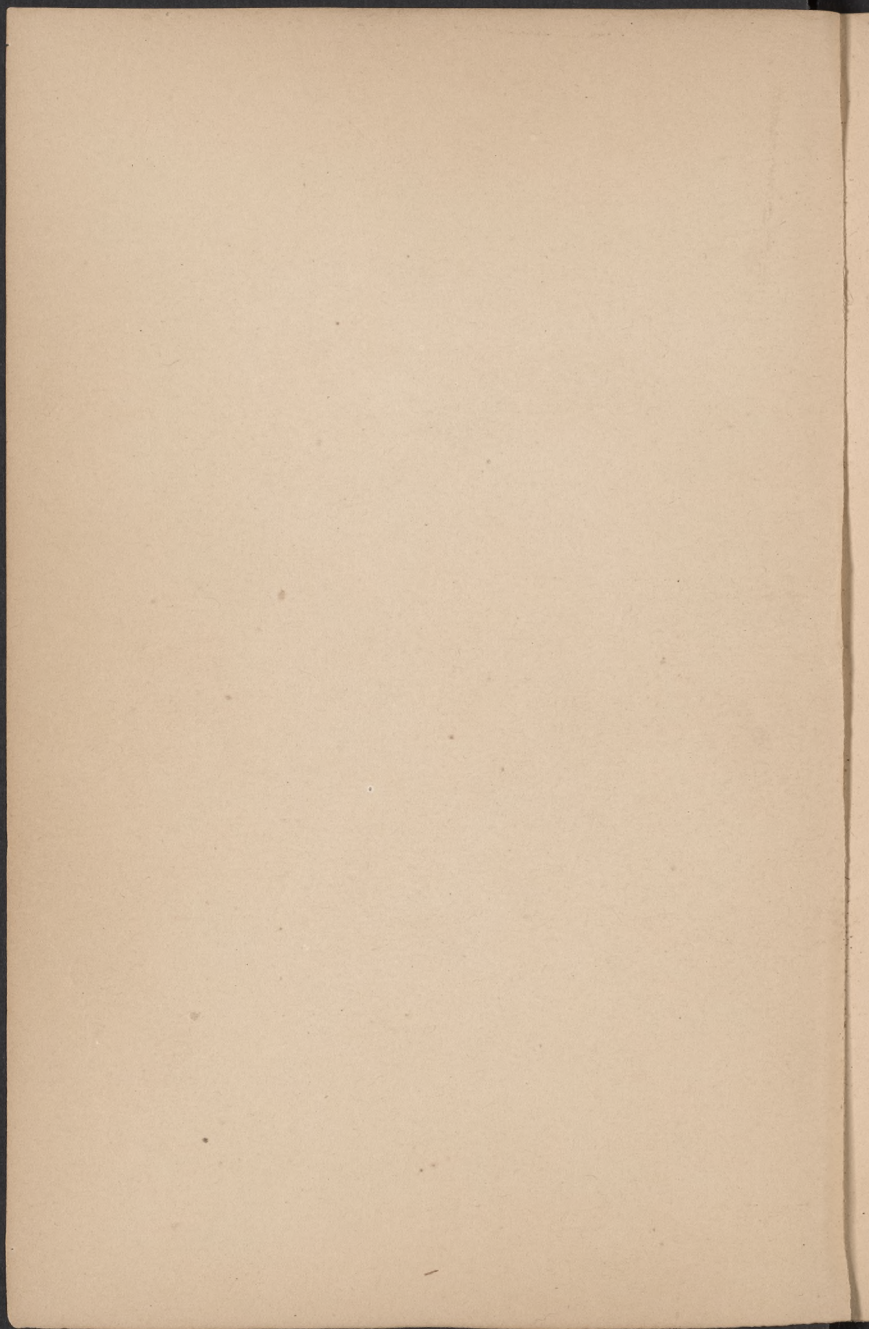
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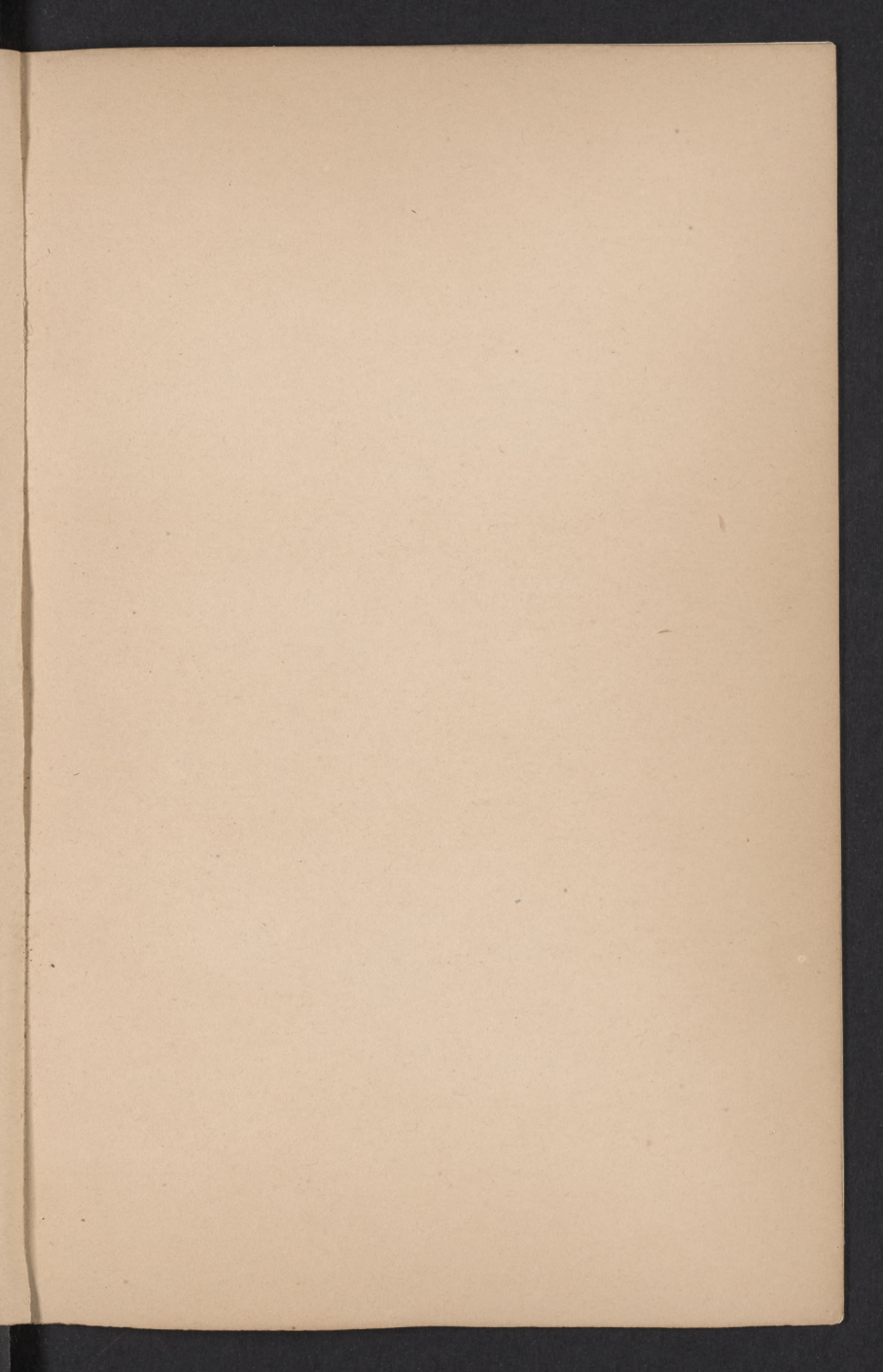
Dr. Herbert A. Howe.

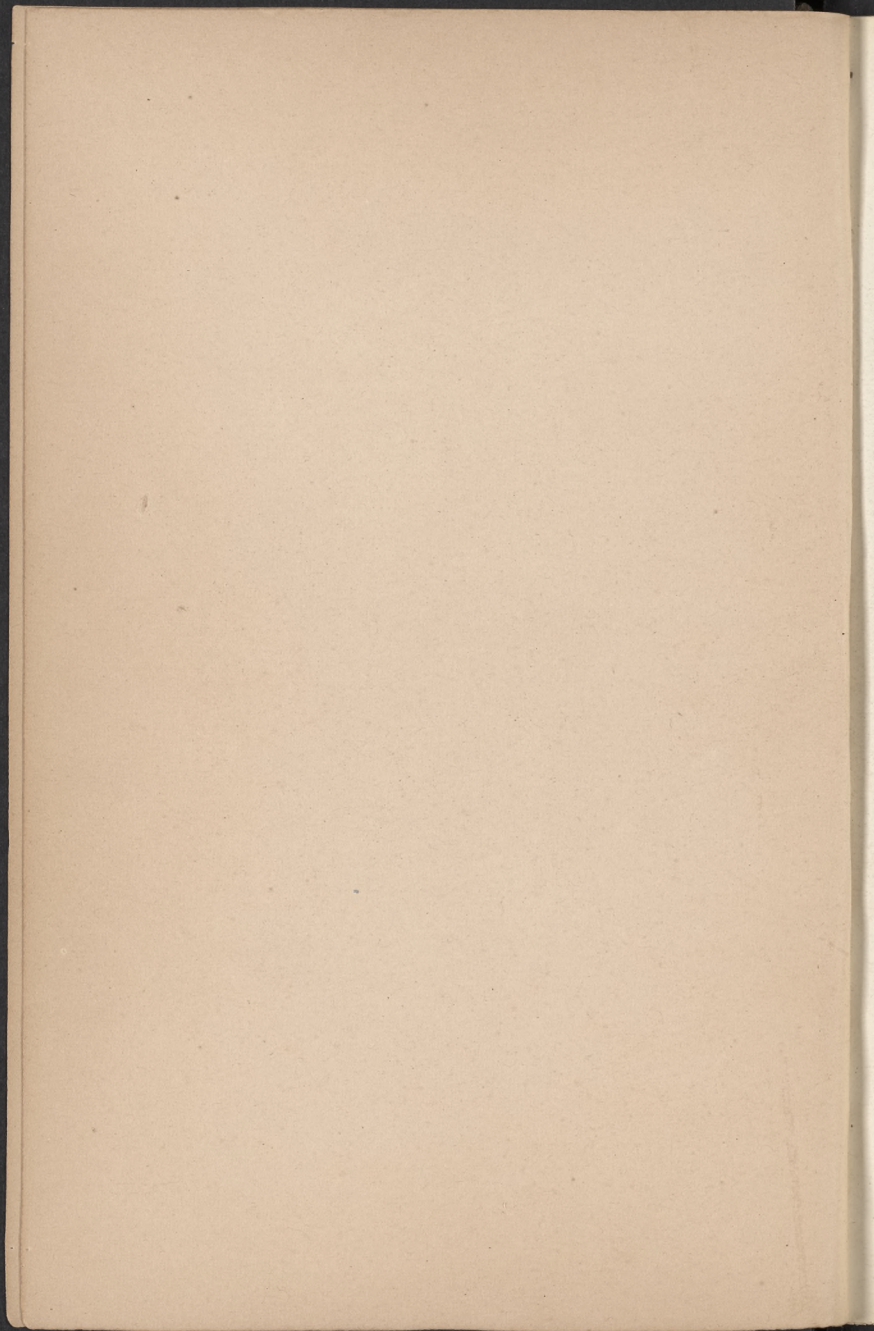


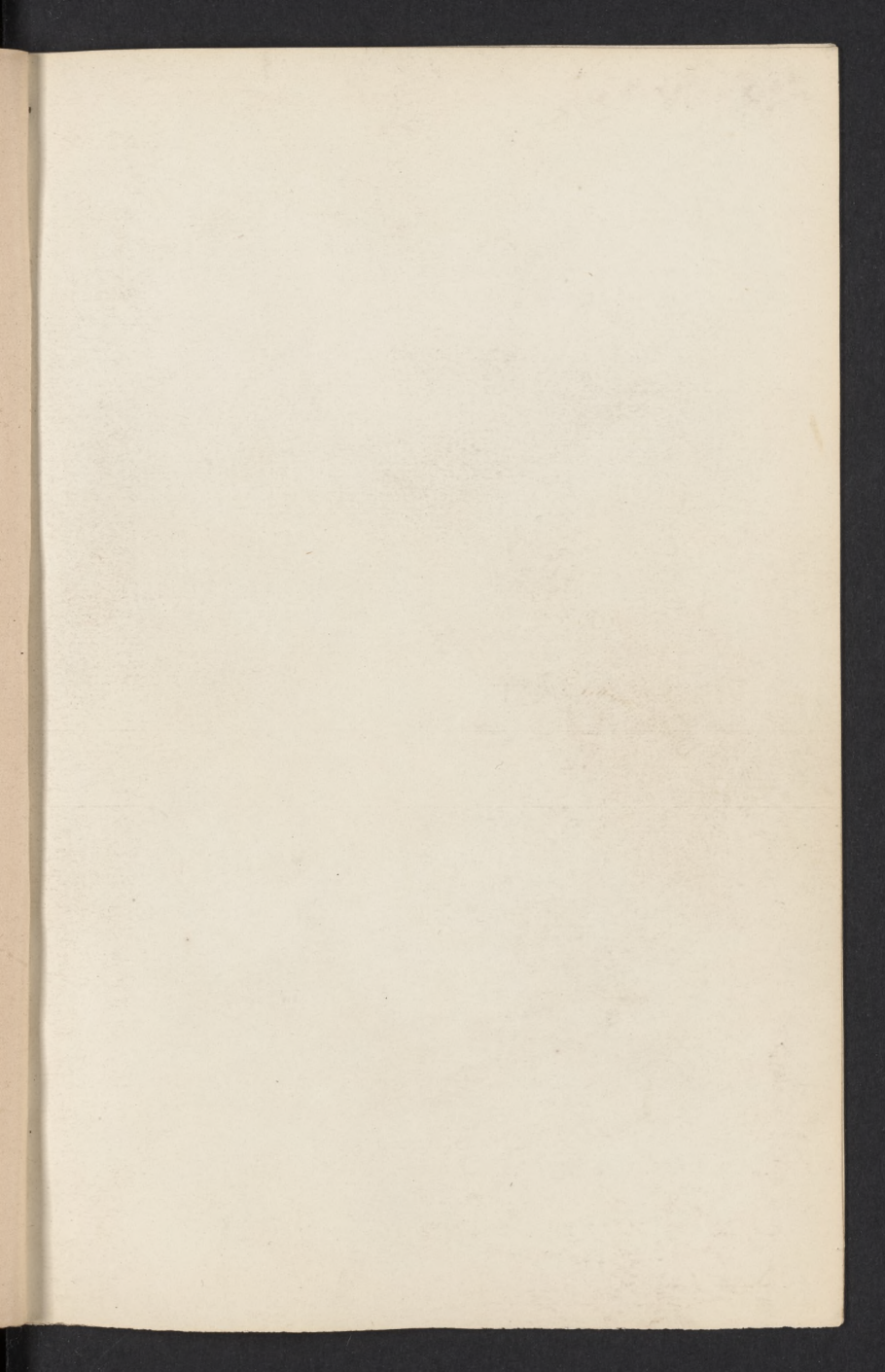


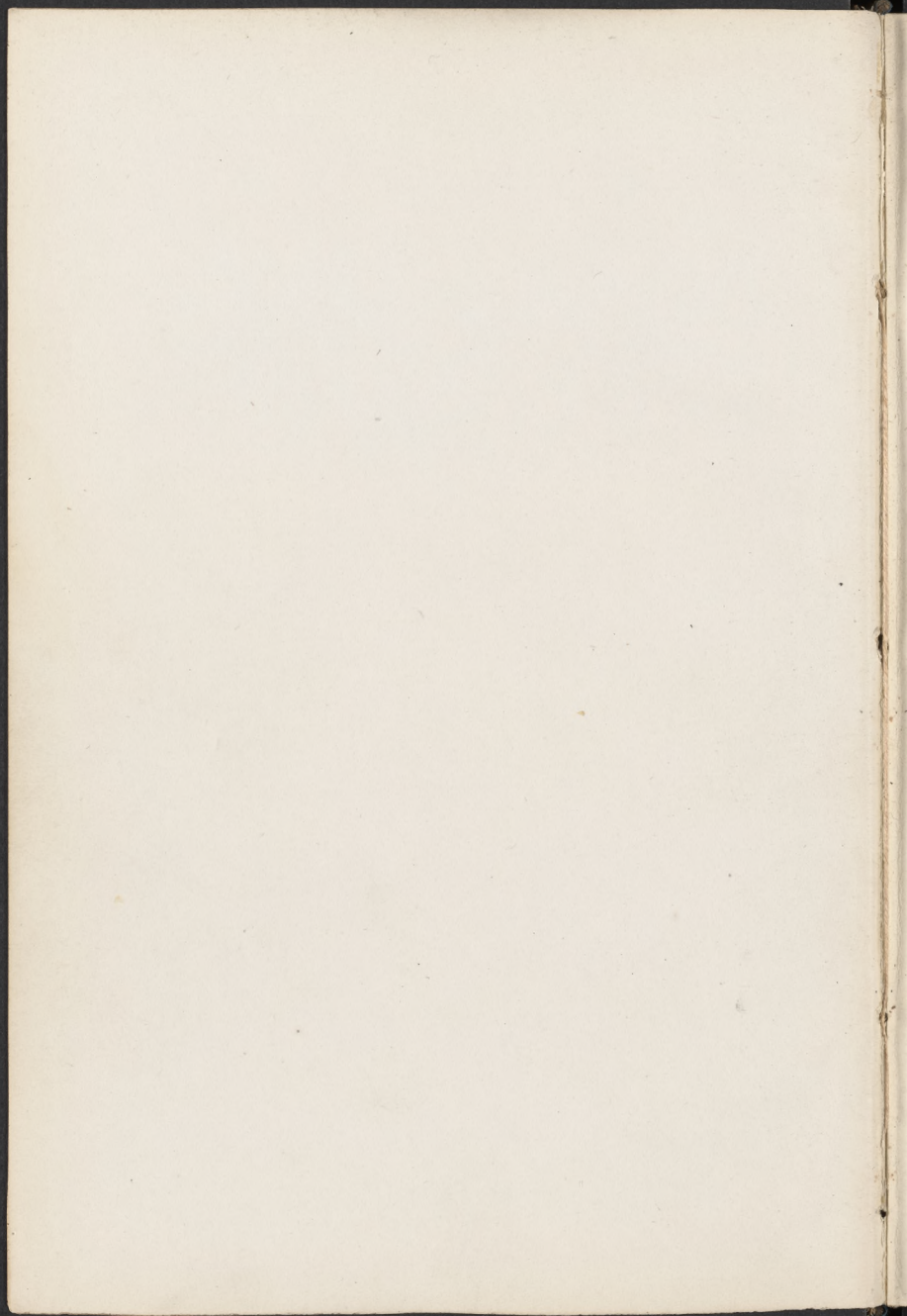
227-53 Moeckel B. 1841

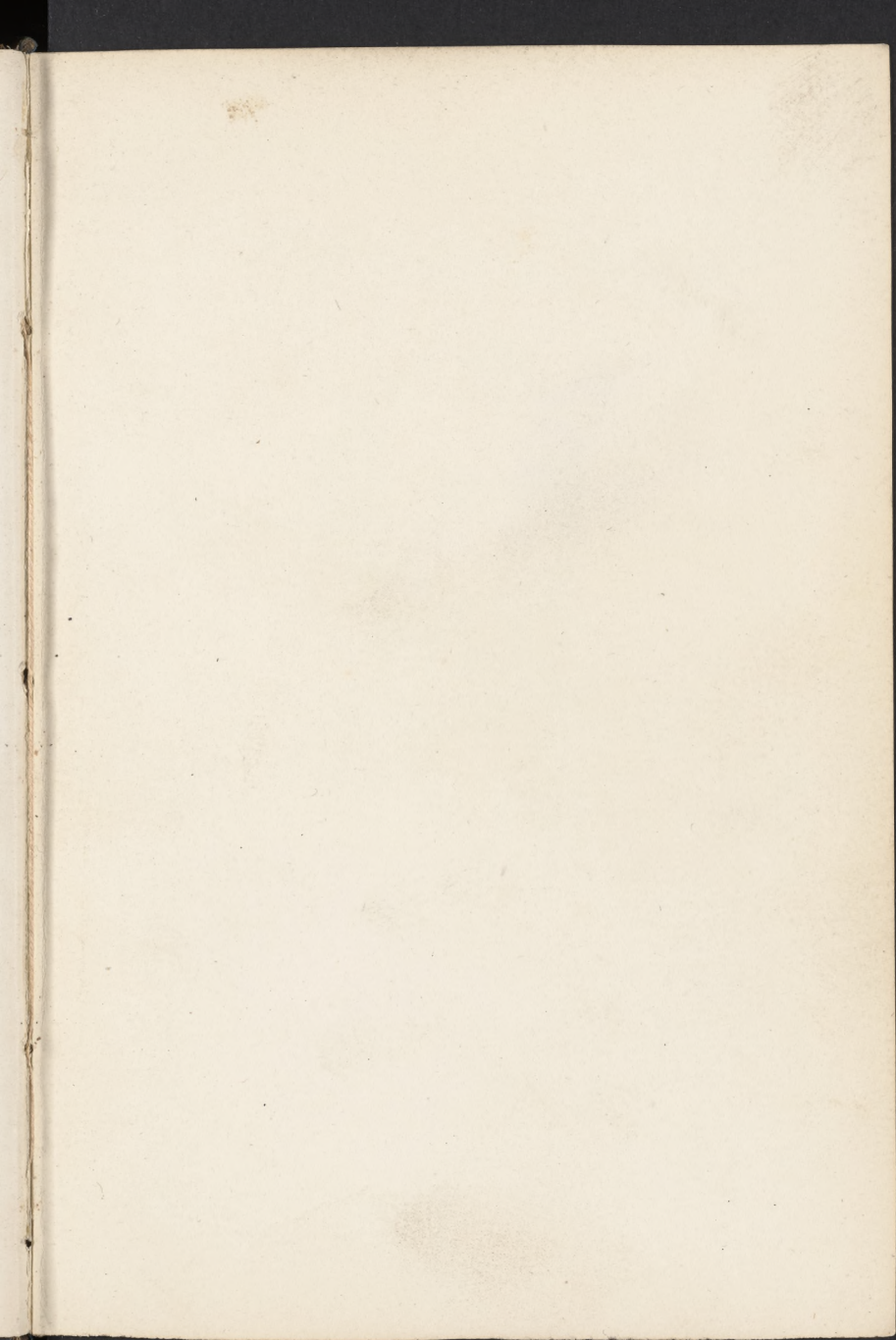














*R. F. Genrose M.D.
Scient: Obstetric: Prof.*

Notes taken on Lectures
delivered in the
University of Pennsylvania

by

Dr. R. A. F. Penrose.

Professor of Obstetrics and
Diseases of Women & Children.

during the
Winter of '64 & '65.
H. M. Howe.

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Lecture No. 1-

There are two membranes covering the Graffian vesicle. The outer one is thin and elastic. The inner one is thick and non elastic - sometimes called the mucous membrane of the Graffian vesicle. Inside of this membrane we have the granular layer. The fluid contents of a Graffian follicle being increased in quantity a protuberance is caused upon the surface of the Ovary. This at length bursts - and the ovum is extruded. During this time the whole nervous system of the woman is unusually exalted. By reflex action the fimbriated extremities of the Fallopian tube clasps the place where the egg is to be discharged - and when it has been extruded it is conveyed in the oviducts to the

uterus. Should the nervous influence over these fimbriae be suspended, from any cause, the egg will be dropped into the cavity of the abdomen - and should the egg have become impregnated, that horrible condition known as "extra uterine pregnancy" will follow. After the ovum has been vacuolated the membranes of the Graffian follicle contract. the outer membrane being stouter and the inner ones less so. They contract unequally - this throws the inner membrane into convolutions. The "Prolegus disc" is the name given to those granules which adhere to the ovum during its passage through the Fallopian tubes and its early life within the uterus. The object

of these granules is to give nutri-
ment to the egg.

Lecture No. 2.

Gentlemen I have given you to understand that I consider the function of menstruation to be caused solely by ovulation. There is much evidence which can be brought to bear to uphold this fact. When we examine the body of a woman who died during menstruation, we find a freshly ruptured Graffian vesicle - and the egg actually within the grasp of the Fallopian fimbria. There are, however, some instances in which this condition is not found. This may be due to a number of causes - among which might be named the very disease of which the woman died - causing some de-

arrangement of the function of o-
vulation. Then too, nature has
performed an experiment ex-
emplifying the truth above stat-
ed. There have been cases in
which a well developed wom-
an (in every other way) had no
uterus. In them all the sympt-
oms of menstruation at the
regular intervals, such as pain
in the back - Congen - headache
&c have been distinctly marked
and yet no haemorrhage. The
month of menstruation is a Lunar
month and women frequently
speak of their "full moon" or "new
moon sickness". Menstruation
is a true haemorrhage from the
walls of a congested uterus: this
usually takes place when ova-
lation is going on owing to the
nervous excitement of the organs

of the part. Climate affects the age at which the menses begin. It is earlier in the tropical climate - later in a colder one. In temperate places the catamenia are established somewhere between the ages of 13 and 15. This function is also influenced by idiosyncrasy - it has occurred in very young girls - even at 2 and 3 years old - and in other instances it does not appear until 40. These young cases are very rare - sometimes a mucæ hæmorrhage is mistaken for menstruation in them - without the mamma-ry glands are developed and hair is found on the pudend. men it cannot be regarded as a catamenial discharge. There is always back-ache during menstruation. The cause is evident

the ovary becomes swollen and distends its capsule. Some women become hysterical at the time of menstruation. some always have trouble and pain. but most generally after the function is once established there is no further annoyance. There is some irregularity as to the time which elapses between the menstrual periods - it is usually however a multiple of 7 days. The duration of the flow is variable - it ranges from 5 to 8 days in healthy subjects. The normal quantity discharged is about $\frac{1}{2}$ in a day. nervous excitement augments the quantity. The fluid of menstruation is merely blood mixed with uterine and vaginal secretions. the latter secretion is

acid and prevents the blood from coagulating. Some believe that the mucous coat of the uterus is thrown off at menstruation - but this is generally regarded as a morbid action and is known as Membranous Dismenorrhoea. Women generally cease menstruating at about 45 - sometimes sooner, sometimes later. The cessation of this function cannot be regarded as a critical period - as women are no more liable to disease after than before that time. The vitelline membrane is the investing membrane of the human egg - within this is the vitellus - a granular liquid, somewhat yellowish. In the yolk or vitellus is the germinal vesicle - in this is the "germinal spot".

Lecture No. 3.

Supposing fecundation to have taken place in the Graffian vesicle a living being is extended from the ovary and not a mere ovule. If we look at the ovum after fecundation we find a shaggy coat called the Chorion enveloping it. The irregularities upon the chorion are named the villi of the Chorion. Inside of the Chorion we have another layer named the Amnion. Between these two membranes we find an albumenoid liquid and the Umbilical vesicle. Within the amnion is contained a liquid called the liquor amnii. The ovum divides and redivides, and at last forms what is called the Mulberry body. There are innumerable granules out

of which the future human being is to be elaborated. These granules precipitate themselves in several layers upon the inner surface of the vitelline membrane. This membrane divides into three. one of these is the Blastodermic serous membrane. This is the external membrane - and forms the skeleton - the muscular system, the nervous system and the skin. The next is the mucous layer of the Blastoderm, and develops into the intestines and the various glands. Lastly we have the vascular layer. from which the vascular system is made. The serous layer of the Blastoderm arches over the "Primitive trace" - and at length the opposite parts meet - and we have a spinal column and a

spinal cord enclosed. These arches are called the Laminae Dorsales. The Laminae Ventrals, as they are called, arch over and form the walls of the abdomen and thorax. Should the Laminae Dorsales not be sufficient to meet, Spina Bifida is the result; should the Laminae ventrals be insufficient as a consequence we find Umbilical hernia. or if it occur higher up Hair lip results.

The Vein of the Allantois is that vessel which forms the Placenta and the Umbilical vessels.

Lecture No. 4.

The Liquor amnii is essential for many phenomena. by its increase it distends the amnion until it comes in con-

fact with the Chorion it allows movement so necessary to the child - and lastly it protects the child from the violent contractions of the uterus. At first the Chorion is a smooth membrane - but about the 2nd. week it has a number of villi upon its surface - giving it a shaggy appearance. The membrana decidua is a double membrane. It used to be thought that it was made by a secretion on the inside of the uterus. This secretion was supposed to cover the whole of the inside of the uterus its orifices and all - now as the egg left the Fallopian tube to enter the uterus it of necessity would push this membrane before it. The microscope however



has proved this theory to be entirely wrong. The Membrana Decidua is now known to be the hypertrophied mucous membrane of the uterus. The egg comes into the uterus - which is now congested - the villi of the chorion implant themselves into this congested mucous membrane - which takes on a sort of fungous growth and develops around the egg - and envelopes it at last in a complete bag. The maternal surface of the Placenta consists merely of a collection of various sinuses - into each one of these an artery dips from the foetal Placenta. The veins of the Placenta have no valves. There are no nerves either in the pla



cuta or cord.

Lecture No 5.

The Umbilicus is nothing but the remains of the pedicle of the Allantois. The Wolffian Bodies are sometimes called the false Kidneys of the child. This name finds its applicability in the fact that these bodies perform the function of the Kidneys in the foetus. The product of conception is called Embryo until the 4th. month - then it is a Foetus. At 7th months it is viable though scarcely ver able, at this age, to sustain an independent existence. The Foetal heart differs from that of the adult in a number of particulars. There is an opening between the two auricles. This opening is provided with a valve. There is a channel

consists of the
arteries with the
truncus arteriosus -
which is the
arteries of the
pulmonary ar.
the arch of the aorta.
The ventricle is
situated in the
middle of the
chest. The
arteries are
situated at
the base of the
heart.

Section No. 6.

Signs of Pregnancy. There are
of two classes - Rational and
Physical. The former are those
which can be discovered by an
intelligent observer. The latter
are those known only by the
educated Physician. Aris-
totle says that if there is no
liquid coming from the vul-
va, and if the penis be re-
markably dry after withdrawal
al from the vagina - the con-

nction has been fruitful. Blue-
ness about the eyes and swell-
ing of the neck have both been
regarded signs of this condition.
The first sign however that can
be relied on at all - is the sup-
pression of the menses. We
must be sure that no morbid
causes brought about this sus-
pension of the Catamenia.

If the woman has had none
of these opposers - such as cold -
and if she has subjected her-
self to the approach of a man
we may have some ground
for thinking that she is preg-
nant. This sign is by no
means unexceptionable -
We must remember in this
connection that some wom-
en menstruate during the
earlier months of gestation -

and that others menstruate during the whole period. I in some rare instances women are found who menstruate only when pregnant. The condition of the mammary glands and the areola is a more reliable sign. The breasts become swelled and painful. Throbbing particularly in primipara. But it must be remembered that if the uterus be irritated in any way, mammary development will follow. caused by the sympathy of the two organs. But there are changes in the breast characteristic of pregnancy. The nipple becomes darker, especially in brunettes, in the negroes it becomes perfectly black. in the blonde it

changes but very little. Upon the areola some minute elevations may be noticed. It presents a puffiness very characteristic, and is of a brownish hue. The veins of the gland become enlarged and more numerous, and spread near the areola. The coloring matter is usually absorbed in bloodless - in Brunettes it often remains permanently. The appearance of milk within the glands, taken alone, is not of much value. The enlargement of the abdomen is not a certain sign. The enlargement of pregnancy is peculiar - it is flattened. The French say "in a flat belly there is a baby." During the two last months the umbilic:

icus projects. The uterus can be felt within the abdomen which at the latter part of gestation extends considerably above the umbilicus. Sometimes there is a sort of areola surrounding the umbilicus. There is also frequently a dark line extending from the umbilicus to the pubis. This is generally found in brunettes.

Lecture No 7.

Dr. Montgomery says that he regards the umbilical ring as a sure sign that pregnancy exists. He has never known it to fail. As to the enlargement of the uterus as a sign, it must be remembered that it may be due to a diseased state, but we must investigate into the length of time which it has taken this organ

to become so much augmented in size - it is probable that a uterus could never develop at the rate which a pregnant one does. The protrusion of the umbilicus is a very characteristic sign of pregnancy. Another sign is nausea and vomiting. This usually occurs in the morning and is common, by known as morning sickness. This condition differs from that which is due to gastric disturbance. In that of pregnancy there is no furrowed tongue - no pain in the epigastrium & no fever. Dr. Pinrose says that women have often told him that after conception they have their morning sickness when brushing their teeth - and they re-

gand this as an unequivocal sign as to their condition. The matter vomited at these sicknesses is frequently watery. This morning sickness usually lasts but a few months of pregnancy. It sometimes however lasts all of the nine months. Another sign is a blueish color of the vagina. It has been described as resembling in color the taw of wine. This sign is very valuable - but cannot be resorted to but in Medical legal cases. These are all of the rational signs that are absolutely important.

Physical signs. The woman can just feel the presence and movements of the child at about the fourth month. She will be apt to be conscious

of them a little sooner if she
be of a nervous temperament
or if the child be large. When
the child becomes nearly fully
developed the effects of its
movements may be seen by
looking at the abdomen of
the mother. If one hand be
placed on one side of the abdomen
and with the other the reverse
side of the abdomen be struck -
the movements of the fetus will
be stimulated - and they may
by this means be observed.

may be performed
from the end of the 4th month to the
7th. It may be either external or
internal. When practicing intern-
al the woman must
be placed upon her back. Two
fingers of the right hand are to
be inserted within the vagina

and the left is to be placed upon the abdomen. Then telling the woman to take a deep inspiration the right hand is pushed sudden ly up. This will make the child bound up, and then fall which will make an impression upon the fingers inserted inside of the vagina - and now resting against the os uteri - Auscultation is the best means of ascertaining the certainty of pregnancy. The sounds of the foetal heart are the most reliable sounds heard with in the cavity of the uterus. These sounds can be detected at about the beginning of the 5th. When these sounds cannot be heard at the end of the 6th month, we may rest assured

that there is not a living child in the cavity of the abdomen. by the word abdomen - all extra uterine pregnancies are included -

The foetal heart beats about 130 in a minute. In ausculting for the sounds of the foetal heart it is preferable to employ a stethoscope, by this means the sounds may be located. These sounds are heard usually at a little the left of the median line. This will be changed by the position of the child.

Lecture No 5.

Some enthusiastic observers have claimed that by mere auscultation the condition of the foetus - whether healthy or diseased can be discovered. Dr. Penrose does not allow

this - but he thinks that if the number of the beats are abnormal we may suppose that the foetus is suffering. There is a strange murmur - called the uterine murmur: of the cause of this sound there is diversity of opinion. Dr. P. believes it to be caused by the blood in the enlarged uterine vessels. This sound tells us that the uterus is enlarged and no more - but as the usual cause of enlarged uterus is pregnancy - it is regarded as an additional sign of this condition. Sex is the ruling power in woman - This is illustrated at every menstrual period, when should the egg be lost - but in fact it is this time when fecundation has taken place. It has been very just -

ly said that the enlargement
of the uterus under the stimulus
of pregnancy is the miracle of
nature. At the 3rd. month
we find the fundus of the uterus
rising into the superior strait -
at the 4th month it enters
the abdominal cavity. The
round ligaments do not stretch
to accommodate themselves
to the enlarged uterus. but
they grow by virtue of cell de-
velopment. There is always
more or less obliquity in the
position of the uterus. The
right lateral obliquity is the
one most common. Mad.
am Boivan says that this
is due to the fact that the
right ligament is almost
shorter than the left. After
secundation the uterus be =

comes softened - so much so
that at "full term" it can
scarcely be distinguished
from the vagina. During
pregnancy the uterus actually
develops in all its parts. its
peritoneum becomes larger -
its blood vessels become larg-
er and more numerous. There
are no valves to the veins of
the uterus. The first 3 months of
pregnancy the uterus subsides
within the cavity of the pelvis.
This subsidence causes irritation
of the rectum and bladder -
haemorrhoids and varicose
veins of the lower extremities.
The enlarged uterus also press-
es upon several nerves caus-
ing much pain and uneasiness
to the pregnant woman. The
Obturator nerve and the Great

Diates with the Cerebral are the
most most frequently pressed
upon. Little can be done for
the relief of this condition.

Lecture No. 9.

The enlarged uterus necessarily
presses upon the vessels having
the Kidneys. This pressure causes
a congested state of these organs
and according to some author.
this may produce granular
or tubular inflammation of the
Kidney. The pressure of the uterus
upon the stomach irritates it,
and as a consequence women
during the latter months, frequent-
ly vomit without any gastric
lesion. The function of the
Liver is often interfered with,
by the enlargement of the uterus.
Therefore women far gone in ges-
tation often present a Jaund.

iced appearance. The abdominal muscles are always very much stretched by pregnancy. The same is true of the skin covering the abdomen. The nervous system of the woman is in an excited condition during the period of gestation. She is more subject to impressions than at other times. The moral and intellectual functions of the female are much changed when pregnancy exists. Some are never so agreeable. while others seem never so obnoxious. Pregnant women have very strange imaginations and desires. Thus a case is reported in which a woman wanted the buttock of her father to eat. When these desires are not absolutely wrong or injurious they should be gratified. In

This connection it is interesting and
needful to decide whether or not
the foetus in utero may be influ-
enced by the mother's imagination.
Dr. Pinrow believes that it can.
He cites many proofs - among
which he describes the case of a
woman who suddenly heard
of the death of her husband - her
child immediately stopped its
movements, and she aborted
three days after. Boklan'sky
believes that the mother's im-
agination may influence her
unborn child. It becomes
necessary then that all dis-
agreeable sights and sounds be
excluded from the pregnant
woman. Pregnancy is a
stimulant to the whole econ-
omy - for this reason we see
that the tendency during ges-

tation is to Pleurisy. This is particularly marked during the latter months of pregnancy. The fibrin is increased and the "buffy coat" may generally be found on the blood of the parturient woman.

The disorders of pregnancy are generally the more symptoms aggravated. Our treatment must therefore be palliative rather than curative. Some women have Rectal irritation, and a consequent constant desire to go to stool, when they make severe bearing down efforts. Rest and local anodynes constitute the proper treatment for such cases. Put the patient to bed and give injections containing

Simul opus de odore gttis

Injunct. Opus de odore gttis X L to XL
or put into the rectum a Suppository
containing Et Opus (orally) grs. porij

Lecture No. 10.

Irritation of the Bladder, du^{to}
pressure cannot often be re-
lieved - but rest and opiates
are indicated. Retention of
Urine must be combated
with the Catheter. Pressure
upon the veins often causes
very painful oedema, or a var-
icose condition of the veins of the
legs. These symptoms may be treat-
ed by purging, and applying
a bandage from the toes up.
Rupture of a varicose vein -
calls for elevation of the limb -
and the bandage. Hæmorrhoids
are often very painful
treat with some astringent
ointment. Constipation -

which is due to pressure, and to the fact that the abdominal muscles cannot help in the evacuation of the bowels, is often troublesome to pregnant women. The woman should never be allowed to suffer from this condition. Sulphur may be given. Castor oil is particularly useful. It is best given upon Poria or Ale. It may be administered every night or every other night or morning. Magnesia as an habitual laxative should be avoided. Painful stretching of the abdominal muscles, is often troublesome. Treatment. Those suffering from this should lie down a good part of the time - abdominal bandage.

Local anodynes.

R. Tinct Aconiti R.

Tinct Opii

Chloriform.

Lin. Sap.

aa. ℥i

℥iij.

Proidentia - of the pregnant uterus is another disease sometimes met with during gestation. Treated by putting to bed - evacuating the bowels - returning the uterus to its place - and the use of Opium - in the form of laudanum injections. Versions of the womb should be combated by rest and opium. In some instances the abdominal muscles have, in former pregnancies, become separated from each other, and the uterus has not sufficient support. Treatment - an abdominal belt and rest. Retroversion - which is a fall.

ing of the fundus of the Uterus below the promontory of the Sacrum, is a serious complication of pregnancy. It is generally due to a botany intention of urine, the Bladder becomes distended, and presses the uterus backwards. When this condition of things takes place, evacuation of the bowels becomes difficult and that of the bladder impossible. It may usually be relieved by placing the woman on her Knees, and introducing into the Rectum, one finger and into the Vagina, another, when manipulations will generally put the uterus in proper position. The bladder must above all be attended to for other-

wise it may be ruptured.
Among sympathetical disorders may be enumerated nausea and vomiting. If this is not excessive it need not be treated. Seidlitz Powder, when there is constipation, is a good remedy, for Morning Sickness. *Russ*

R Lingi. Sinct. ℥iij
Chloroform. ℥i

M. S. 20 to 40 drops.

R Acid. Sulph. dil. ℥i

Spir. Vin. Gal. ad. ℥ss

Aqua.

M. S. ℥i a dose.

R Potas. Bicarb ℥ij

Spir. Amm. arom. ℥i to iij

Aq. Menth. pip.

M. S. ℥ss

Castor R Bismuth Sub. Nit. grs ^{xx}

R. S. Repeat if necessary.

A poultice, with Laudanum in it may be placed over the epigastrium. The idiosyncrasies of the patient shd. be respected in deciding what shd. be. The secretion of the Salivary glands is often much increased. It is not well to interfere with this secretion; attention to the bowels, and proper diet should be our only treatment. Irritation of the Uterus due to pressure during the last part of gestation, is frequently noticed. This irritation is manifested by indigestion, pain, &c. The diarrhoea of pregnancy, may be treated with Castor oil and Opium. Painless Mammary glands

Known as Mastodynia may
be relieved generally by Bell's
Iodine Plaster.

Lecture No. 11.

Uterine Plethora is marked by
pain in the back, and a gener-
al uneasiness about the Pelvic
vicinity. It is a condition com-
mon to the child particularly.
If not relieved, abortion is apt
to occur. If a vaginal exami-
nation be made, it will be found
hot and dry, and the uterus will
present a hard and unyield-
ing condition. This Plethora
is properly treated by putting
to bed, using tonics, and it
frequently becomes advisable to
give a saline cathartic. Rheu-
matism of the uterus is another
complication of gestation.

Treatment. Rest. Tonics and
Opials. Puritus Vulvae. Itch-
ing of the vulva. This is sometimes
felt at the Os. is very annoying. Some-
times brought about by sexual
excesses.

R Borax pulv. ℥ij
Morph. sulph. grvj
Aqua ℥viii
B. S. wash about the Vulva.

An ulcerated condition of the
Os uteri is not dangerous to
the pregnant woman, and
will not as some suppose bring
about abortion. The applica-
tion of Caustic sometimes made
for the relief of this condition
of ulcerated os uteri is more
dangerous than the disease
which it is supposed to treat.
Treatment. Locally
we may use astringent in.

jections such as Alum or the acetate of lead solutions. Tonics should be given internally.

Plethora attending the latter months of gestation must sometimes be relieved. It is properly treated by a regulated diet - rest. if the condition be extreme brisk purges may be employed. Anuria connected with pregnancy must be treated as Anuria under ordinary circumstances.

Stimulants. Tonics - good diet.

Oedema is a complication of pregnancy - believed to be due to a diseased action of the Kidneys. The urine is secreted in small quantities - has much albumen contained in it - while the urea is allowed to remain in the blood. The Dropsy

becomes general. Pressure of
the Uterus upon the Renal veins
is one of the most frequent
causes of this Albumenuria.
That relief is often obtained
after delivery, and that albu-
menuria may be brought
about experimentally by ligat-
ing the Renal veins - are evi-
dences enough - That this condit-
ion may be caused by the press-
ure of the uterus upon these vessels.
This albumenuria may also be
caused by sympathy - It is
scarcely ever due to Renal di-
sease. Treatment. Good
diet - Saline purges. Mild
diuretics. Sometimes the
urine presents an abnorm-
al quantity of the phosphates.
This condition is generally
found in women who are

below par. The proper Treatment
is the use of mild diuretics. Sul-
fur-acid. is beneficial. Ex-
ercise is very important to the
pregnant woman, those
whose circumstances force upon
them a generous amount, always
fall into labor better prepared than
those who have spent their period of
gestation moping and idling. A
poet has put it into the following
apt lines-

"Seeming with the soon expected birth,
Weeds the young corn, or harrows down
the earth,

Patent of toil, with careful hand
she tames,

And tames the Tendrils of the strag-
ling vines.

Intent on labor, nor as yet forbears
Till pain o'er takes her, much her
rustic cares,

Her bosom's load, so easily she yields
One might suppose she found it in
the fields."

Constipation must be very strictly guarded against during pregnancy: it sometimes becomes necessary to give the patient a dose of Castor oil - say ℥i - every day. It had better be administered in the morning - for if this be done, labor will, when gestation is completed, be brought on in the day time, most probably - for we often find the dose of Castor oil the immediate cause of Labor. It is well during the latter weeks of pregnancy to direct our patients to wash the nipples frequently in some astringent lotion -

R Brandy

℥ij

Alum.

℥i -

M. S. use as directed.

Borax may be substituted for the Alum.

Lecture No. 12.

Every pregnant woman should be guarded from any depressing and exciting influences. She should be made happy. should go into company &c. Depression may be treated by paying especial attention to the constitutional symptoms. A healthy woman living in comfort rarely has any difficulty during pregnancy. Pregnancy in them is a mere set of evolutional symptoms or changes. In some health is never so perfect as when they are pregnant. Child bearing is in fact a healthful function. It frequently serves to protect against contagion: sometimes the fruits of contagion remain dormant

until delivery has taken place.
Pregnancy in those having a
predisposition to tubercle but
having as yet none actually
deposited is in a degree pre-
ventative. If however the di-
sease be actually formed prior
to pregnancy it is aggravated
by its appearance. Abortion is
the great accident of gestation.
It is strictly the expulsion of the
foetus before it is viable. This is
generally prior to the 7th month.
Abortion is most frequently met
with during the 1st. 2nd. & 3rd.
months. Very early abortion or
Apoplexion of the older writers
is a much more frequent ac-
cident than generally supposed.
Indeed experience shows that
few married women pass their
child bearing period, with

out aborting at some time. It is said that more female children are aborted than male. There are three classes. Spontaneous, Accidental & Designed. The causes of Spontaneous abortion are peculiarities of the maternal constitution - diseases of the ovum - & diseased condition of the uterus or its appendages. Plethora - anemia - irritability are conditions of the mother liable to bring about a miscarriage. Some women always abort at a particular time. Diseases of the ovum itself are the most frequent causes of Spontaneous abortion. This is a conservative action of nature in these cases. She does not suffer her imperfect child to be born. If they are the

first year is one of trial - if they
are found wanting she removes
them - Small pox may occur
in utero - Through the medium
of the mother while she her
self escapes - Syphilis is a
very frequent cause of Abortion -
in these cases it is much to be
desired, for death is far better
than a life tainted by a syph.
ilic constitution - Fatty de-
generation of the Placenta is
due to an imperfect form -
ative force in the ovum - Syph.
ilis is found to be the frequent
cause of this condition - As
soon as the product of con-
ception has become actually
diseased, abortion should
be hailed as beneficial -
Accidental Abortion - This
usually comes on immediately.

ly - unlike in this respect Spontaneous Abortion - Irritation of almost any of the organs may cause accidental abortion. Dr. Pinow cites an instance in which a woman aborted from the irritation caused by a Speculum examination - Coitus is said to be a cause of miscarriage - but Dr. Pinow thinks that it is not injurious without abortion is threatened. Powerful physical impressions may bring about this accident.

Lecture No. 13.

²⁴Very early Abortions (affusions) have for their symptoms those of Dysmenorrhoea. The nearer the abortion approaches the time at which natural delivery should take place, the more it resem-

ble regular labor. During the
first two months of pregnancy,
if abortion takes place the whole
ovum is expelled at once.
The Placenta is not formed at
this period. In these cases in
which the ovum is extruded in,
the uterus is impacted at once,
and it therefore contracts, and
the woman suffers but little more
than she would from an aggra-
vated Menstruation. During the
3rd and 4th month the Placenta
and membranes, being well at-
tached, are retained, and only the
Embryo is expelled. The uterus then
contracts and haemorrhage ceases.
it might be supposed that all
danger was over, but subsequent-
ly haemorrhage occurs, or the
retained placenta putrefies,
or it may form an Hydatid, or

putrefying it contaminates the blood. - Then we have the danger of Abortions during the 4th and 5th months. - The symptoms of spontaneous abortion are those of depression. - lack of appetite - The symptoms of pregnancy cease whenever the child dies. - If it should die at an advanced period of gestation. - some 48 hours afterwards the breasts will be noticed swollen and milk will be found within them just as if the child had been born alive at "full term" It may be retained within the uterus a long time after it is dead. - it may be retained until pregnancy would naturally cease. - but most generally it is expelled at the end of the month. - By an

examination of the Placenta
and membranes we may oft-
en find that they are much
disorganized - and evidently
have not performed any vital
functions for some time. An
inspection of this kind may
save the character and purity
of a woman whom society
would otherwise denounce
a common harlot. When
a dead foetus is aborted
but little hemorrhage fol-
lows. The vessels supplying the
child have become nearly or
quite obliterated. The Diag-
nosis of abortion during the
earlier months is difficult -
All the discharges of abortion
should be saved for examin-
ation. For by this means we
can learn whether or not the

ovum has been discharged in
lito. This accident is more dan-
gerous during the 4th & 5th months
than at any other time - the
placenta and membranes
are then most likely to be re-
tained. Hemorrhage is apt
to be severe in cases of Accidental
Abortion - in fact this is the great
danger to be avoided. Abort.
in from Small Pox - Erysipelas
and the like, is very fatal -
One abortion predisposes to
another. Treatment. Pro-
phylactic - Seek to lessen Pleth-
ora - general or local bleed-
ing may rarely be necessary -
Opium should always be
given in threatened abortion -
and given largely - sometimes
separation from the husband's
bed - In the case of Anemic

impregnation. But in Syphilis - Friction & Exercise - Should Syphilis be the predisposing cause - it should if possible be eradicated before another pregnancy. In cases of disease of the Uterus but little can be done by treatment happily. In Fatty degeneration of the placenta Dr. Simpson has recommended the Chlorate of Potash. In making up our mind what to do in the case of actual abortion it becomes necessary to mark its stage and the amount of detachment. If the child be already dead its expulsion should be assisted. This may be done by the use of Ergot. The stage of Abortion may be known by noticing the quantity of blood lost in a short time, and the degree of dilatation of the os uteri. The haemorrhage will

be in proportion to the detachment
If much blood has been lost in a lit.
the time abortion must go on. we
therefore give ~~an~~ ^{an} adjuvant

R Vinum Ergot. \mathfrak{ss}

S. every hour.

The great remedy for hæmorrhage
connected with Abortion is the
Tampson. It is not only useful in
stopping the flow of blood - but by its
irritation it causes dilatation
of the os uteri - and uterine
contraction. The Tampson we
do not use until we have fail-
ed in stopping the bleeding by
external applications of cold
and cold vaginal injections.
When using the Tampson dur-
ing abortion of the 4th or 5-months
we must be sure not to rupt-
ure the membranes. If the
Placenta and membranes

are retained - we must, if the
dilatation of the os. uteri will al-
low it, remove them.

Lecture No. 14.

The Umbilical cord is liable to
several abnormal conditions.
I exhibit to you a specimen
of a cord that twisted into a
figure of 8 Knot. This was made
spontaneously by the movements
of the foetus in utero. This spec-
imen is very rare. The cord
was remarkably long thereby
enabling the child to move to
any extent at will. Sometimes
the cord becomes wrapped a-
round a limb - and it may
amputate it. The prop-
er subject of this afternoon
lecture is the Treatment of
Abortion. If we find that
the Cervix uteri has become con-

timous with the cavity of the
uterus, and that the Os has di-
lated. It will be bad treatment
to seek to prevent Abortion -
A cloth wrung out of cold vinegar
and placed upon the lower part
of the abdomen, seems to exert a
happy influence in stopping
uterine haemorrhage. The Torm
pon should not be used un-
til we have made up our mind
that there is no longer any hopes
of saving the ovum. For from
its irritating and stimulant
effects it causes redoubled con-
traction of the uterus. Having
ascertained that it is possible
to prevent abortion already be-
gun, we will take the following
measures. Rest and Opium given
largely. We may administer an
injection of Laudanum gr^{ss} C. After

Abortion the patient is to be treated as she would be after a natural delivery. Next we will consider Molar Pregnancy. A true Mole is always a degenerate product of conception. False Moles, so called, are generally the exfoliated mucous membrane of the uterus - a dysmenorrhoeal product. at other times they consist of partially organized clots of blood - and lastly they may consist of a collection of squamous epithelium from the vagina. The body of these moles frequently resembles foetuses of some of the lower animals. This fact explains why the ancients thought that a woman sometimes became pregnant by such animals as the dog or the goat &c. Hydatid Moles. These are

very dangerous. They are formed by a degenerate development of the villi of the Chorion. They resemble a bunch of currants, each one of which, being looking bodied, is filled with a watery fluid.

These Hydatids develop enormously and with great rapidity. They sometimes distend the uterus as much, and it may be even more than a child would.

But the enlargement of a uterus filled with Hydatids is more spherical and not so pear shaped as it would be from pregnancy. A woman having Hydatids may suppose that she is healthfully pregnant until she observes a discharge of a watery fluid mixed with blood. This fluid is produced by the bursting of some of the vesicles. On ex-

examining the fluid discharged
from the vagina - we may some-
times find one or more of these
vesicals. finding this there is
no doubt but that the woman
is suffering from an Hydatid
pregnancy. The absence of fo-
etal movements - and failure
in hearing the beats of the foetal
heart, would be additional signs
confirming the diagnosis. Treat-
ment - This must not be expect-
ant. nature should not be left
alone. The Hydatids must be
removed and that too all of
them. In order to do this the
Cervix Uteri must be dilated
with a sponge tent. when this
is done sufficiently a finger of
Uterine sound may be introduc-
ed and the growths removed.
Fleshy Moles must be treated

an abortion. If they are connect-
ed with a passive hemorrhage
the Cervix should be dilated
and the Mucos removed.

Extra Uterine Pregnancy

Ovarian - Ovario Tubal - Tubal
Ventral - Intestinal -

or multiple, in which Lecture No. 15.

No matter at what place the ovum
develops there is a sort of membrane
decidua formed. Should it live
long enough a Placenta will form.
Generally this developing mass bursts
the walls of its enclosure, and falls
into the abdomen. The ovum may
die and the body form a harm-
less abdominal tumor. Should it
die very early it may become absorb-
ed - or it may be encysted. The mass
may be thrown off by an abscess.
Tubal Pregnancy is the most com-
mon and the most dangerous

Intestinal Pregnancy is very rare.
Diagnosis of Extra Uterine Pregnan-
cy is difficult. There is no sign
whereby it might be known to exist
before the 3rd. month. The Rupt-
ure of the cyst is sudden and
without any premonitory sympt-
oms. The condition afterwards
is that of collapse and the wom-
an usually dies within a few
hours. Treatment. Very unsat-
isfactory. Stimulants and O-
pium. Miscd Labor. Those
cases in which the child is not
born but is discharged at inter-
vals in pieces. This accident is
very rare. Dr. Penrose has never
seen a case of it. Treatment.
Assist in emptying the uterus.
Prof. Penrose states the following
incident. There was a colored
woman supposed to be pregnant;

under the care of a medical friend,
who injured himself while reach-
ing into a pork barrel. This brought on
apparent threatened abortion which
was relieved by opiate. subsequently
her labor began again. and was check-
ed only to be resumed. Many bones were
sent to Profs. Purser and Hodge as ones
which the woman had discharged.
They were referred to Prof. Lidy who pro-
nounced them to be bones of rabbits and
squirrels. The woman having tickled
the Dr. so that she might have him hand-
around her. Labor? Pregnancy begins
with conception. it ends with labor.
The pregnant woman "with distended
belly, with aching breasts, and with throbb-
ing heart, looks forward with min-
gled feelings of joy and dread to that
time when Nature will ease her of her bur-
den's load." The common length of Preg-
nancy is 280 days. The French law re-

gards a child as legitimate if born
180 days after marriage - or within 300
after the father's death or absence. It
is not possible that a child can
live which is born before the 6th month
nor can it be legitimate if born after
the 18th. month. There are some in-
stances in which a full grown
healthy child is born within 3 or
4 months after marriage. Prof.
Pomeroy acknowledges that his phi-
losophy cannot explain this - he
gives an instance however in which
a woman's ingenuity could. He
says a man named Barney of whom
he knew something, became mar-
ried. At the end of the third
month his wife presented him with
a fine, healthy full grown child. Bar-
ney was very much surprised and
appealed to his wife for an explanation.
She said "and sure Barney you've

been married to me for 3 months." Banny
eg. said "Yes." "Well Banny, me honey, its
3 months I've been married to you." To
this Banny assented. "Well Banny
me honey we've been married to each
other 3 months, and its your set well at
least that three 3 months make 9 months."

Banny's misgivings were silenced.
Many experiments on the lower animals
seem to show that the age of father or
mother influences the length of
gestation. Male children are gener-
ally carried longer than female. In
computing the time when labor ought
to set in, add 280 days to the time at
which the last menstrual discharge
disappeared. In those cases in
which a woman becomes preg-
nant while nursing, and there-
fore not menstruating, we must
date from the time at which quin-
cennial takes place. in doing this we

add 5 months to the period of quick
ening. Why does labor take place
at the end of 9 months. One
of the old authors taught that
"it happened by the Grace of God"
now this is pious but not phil-
osophical. Some believe that
it takes place because of the ripe-
ness of the foetus. Others say that
it happens in the stead of what
would have been a menstrual
period. Prof. Penrose believes
that it occurs at the 10 men-
strual month on account of the
ripe condition of the foetus and
the fatty degeneration that the
Placenta undergoes now that
it is no longer needed. When
this condition exists it only re-
quires the menstrual storm
to pass at which time the ripe
product is separated from

its parent stem -

Lecture No. 16

If The Menstrual storm alone is not sufficient to cause labor - any emotion a long walk or any thing of that kind would bring it on - Efficient Causes of Labor - The Ancients thought that the child by its kicks and struggles caused its expulsion. So far from this being the correct view it is in a state of profound stupor during most of the time of labor. The contractions of the Uterus are the efficient causes of parturition - This may be proved by putting the hand upon the abdomen - or within the vagina, during this process. These contractions are perfectly involuntary. They will go on when the woman is comatose or asleep or under the influence of Ether -

The nervous system has a powerful influence over labor pains notwithstanding. The very presence of the accoucheur will sometimes make a labor tedious by calling off the nervous system from its proper work. This is a practical hint.

Music, fear, and indeed any emotion has an indirect influence upon the contraction of all the hollow viscera. The music of the Bag pipe is notice for this. Dr. Penrose had a number of friends listening to this music once in all of whom the urine was voided. He also had a Chinaman at College who could not pass his water when any one was looking at him, so, should he happen to be in a mischievous mood when his friend desired to urinate, he would say "Bill I'm looking at you." and to save his life Bill could not pass his

water. And "last, but not least" he
had a verdant country friend who
had never been to the Opera. Upon
going to hear Don Juan he was very
much frightened at the specter seem-
ing to close. The sphincters of
his Bladder and Rectum suddenly
gave way - giving vent to sulphur-
etted hydrogen which the neighboring
ladies supposed to be from the devil
on the stage. There are two kinds of uter-
ine contractions. Tonic & Spasmodic.
Tonic contractions are slow and
due to uterine elasticity. These do
not expel the child - nor do they give
the mother any pain. Spasmodic
contractions are commonly known
as "Labor pains." This pain is not
continuous but is ^{not} the consequence
of the contractions. Dr. Penrose
delivered a woman in her first
labor who had not the least pain

Madame Boivin says that the pain is due to the dilatation of the os. Others think it due to the distention of the walls of the uterus, while others contend that it is due to the distention of the outside soft parts. probably all combined cause the pain. These Labor pains are intermittent. This is essential to the life of the child and mother. Signs of Parturition. First we notice that a woman gets smaller about 10 days before labor sets in. This is due to the subsidence of the uterus. and this subsidence is caused by the decantion of the child preparatory to being delivered. This may happen suddenly or gradually. This is a good sign, especially in Primiparas. for it tells us that the bony Pelvis is large enough to allow the child to be born. The

former pressure exerted on the
liver and other superior organs
is relieved, but that upon the pel-
vic organs it is increased. It may
become necessary to use a catheter.
The secretions of the vagina are in-
creased, and the articulations of
the Pelvis become somewhat re-
laxed. Labor is divided into 3
stages. The first is that of dilata-
tion of the os uteri. The second is that
of the expulsion of the Child. The third
that of the delivery of the after birth.
Labor begins with pain felt between
the Umbilicus and the Os Pubis. This
is "a come and go" pain. Irrita-
tion of the Bladder and Rectum
are other signs of the first stage.
This is shown by frequent desires to
go to stool, and a tendency to ur-
inate. These symptoms are
caused by pressure of the Child's

head - and sympathetic irritation,
caused by pressure, upon the nerves
distributed to these parts. Nausea
and vomiting are other signs of
labor. These are good symptoms -
Nurses say that a sick labor is an
easy one - and they are generally
right. This nausea and vomiting
is sometimes excessive. Dr. Prosser
relates a case of a terribly frightened
husband who begged him to come
and see his wife who he was sure
had Cholera - from her extreme vom-
iting. He went and relieved her
so called Cholera by delivering her
of a baby. A woman usually
shakes and has rigors at the be-
ginning of labor. All these symp-
toms are those of nervous excitation.
It is to be expected then that she
shall be very uncomfortable and
frequently - frightened. She will

often exclaim "I'll never get through this." This spirit is perfectly characteristic of the first stage of Labor. There is an increased secretion of mucus as labor progresses. This mucus is frequently tinged with blood. The first mucus tinged with blood the nurses call the "Show." Pains at the beginning of labor are various. The length of this stage is variable, ranging from minutes to days. A soft and moist Os, dilates in a shorter time than one which is hard and dry. The membranes sometimes rupture before the Os dilates at all - at other they do not rupture until the process is far advanced. When a Child is born with a piece of membrane covering its head it is said to have a ~~cornea~~. During the Sec =

and stage the woman bears down powerfully - her heart beats rapidly - This violent heart action causes congestion - and it may be, haemorrhage. At every pain the head of the child proceeds - and when the spasm ceases it recedes again. During this time the woman is in great agony - not infrequently expressing passion - sometimes cursing the day she was born - At last the resistance is overcome - and with a terrific pain and a wild shriek the child's head is born - Next the body is expelled - Now the woman falls back utterly exhausted - and amid sobs and sobs of gratitude she gives vent often to the most hal lowed feelings which the sympathetic ear can be called upon to hear - Thus closes the second stage of labor -

Lecture No. 17.

The os uteri dilates very slowly at first - after it has become pretty widely opened the membranes protrude - and form what is known as the Bag of Waters. At length the Bag ruptures and the liquor Amnii is discharged - this closes the first stage of labor. Prognosis of this stage. There is no danger for either the mother or child - even if this stage should be greatly prolonged. The Second stage now begins - spasmodic pains set in. These pains are connected with contractions which are parastaltic, beginning at the os gradually reaching the fundus. This kind of contraction is believed to be necessary to the proper decantation of the child's head. Bearing down pains are entirely automatic - The sec.

ond stage is short and decisive.
it is also the dangerous stage.
If the 2nd stage be much pro-
longed the child may become As-
phyxiated simply from the pres-
sure which the uterine contrac-
tions exert upon the vessels of the Pla-
centa. or the umbilical cord
may have its circulation interfered
with. and lastly the child may be
destroyed from continued pressure
upon its brain. It is dangerous for
the mother on account of the liability
of hemorrhage. laceration & exhaus-
tion. The 3rd. Stage is that of
separation and expulsion of the
"afterbirth" dangerous to the mother
from the probability of hemorr-
hage. Treatment. When call-
ed upon to attend a case of labor
go immediately. Upon meeting
the woman about to be confin.

ed - seek by proper deportment to
gain her respect, her return and
her confidence. When attend-
ing a woman in labor be sure
that your hands are chemically
clean and pure. They may be
made so, by taking a piece of the
Cyanide of Potassium about as
large as half a pea and dis-
solving it in the water used to wash
in. This washing should be repeat-
ed several times if the hands have
been manipulating morbid mat-
ters. Care must be taken in the
use of this solution as it is poi-
sonous.

Lecture No 18

When about to make a vaginal
examination - place the woman on
her left side - with her Thighs flexed.
The Accouchant's arm should be
covered with a towel - Before

making an examination the
finger must be anointed with
some oleaginous substance - gen-
erally Lard - but where there is
any disease - such as syphilis - a
more consistent ointment is pref-
erable - in these cases Simple ce-
rate will be found more protective.

The Touch is the art by which we as-
certain the condition of all the hard
and soft parts of the woman which
enter into the great function of Re-
production. This Touch is made
either within the Rectum, the Vagina
or Uterus - or upon the Abdomen.

By it we ascertain the character,
situation and volume of any ob-
struction which might interfere
with the process of Labor. In
cases of great anterior obliquity
of the Uterus - or when the woman
may prefer it - it is advisable

to let her lie upon her back during labor. Sometimes it becomes necessary to make a vaginal examination when the patient is standing upright. It is common to place the woman on her back when the uterine sound is to be used. Previously to introducing a Speculum it should be warmed and lubricated. Falser Pains. Pains in other organs - may be Neuralgic. Rheumatic pains may simulate true ones. True Pains. A True Pain may be diagnosed from a falser - by its position - it will be referred to the region of the Umbilicus - but a vaginal examination will leave no doubt as to the kind of pain - the uterus may be felt contracting at every True one.

Lecture No 19.

While making a vaginal examina-

ation we can discriminate the Bay
of waters from the child's head from
the fact that it becomes tense during
a pain-whereas the head remains
hard and unyielding all the time.
During the first stage of Labor the
woman should be up and about-her
sufferings should be made light of-
her diet need not be restricted.
At the outset of Labor she may
wear her wrapper- but as the
os uteri becomes pretty well dis-
tended- she should put on her night
dress- over which she may put her
wrapper. If the first stage be
much prolonged the patient
should have some sleep- she
must not be allowed to go over
24 hours without having any
rest. Morphine may be given.
If the woman should be much
troubled by excessive vomiting

a mustard plaster placed over the Epigastrium - and some Aromatic Spirits of Ammonia given internally will prove useful.

Care should be taken that the bowels are not confined at this time - and above all the Rectum should not be allowed to become impacted. To relieve the first condition - a good dose of Castor Oil may be administered - an injection of tepid water will remove feces lodged in the Rectum. When the bag of waters protrudes the woman should be put to bed - for instances have happened in which the child has been killed by being dropped upon the floor from the Mother's Vagina - in consequence of her having been kept from bed too long.

Lecture No 20.

At our last meeting we gave our

attention to the first stage of labor
we now pass to the second stage.
We have said that at the latter
part of the first stage it becomes
necessary to put the patient to
bed. The woman must now
have something to pull upon. a
sheet tied to the bed post will
answer the purpose. sometimes the
woman seizes the hand of an
assistant, which will supply the
place of a bed post. "but who would
not gladly stand at the feet of
suffering beauty"? Plenty of
Lard, and a good supply of tow-
els must be on hand. The
woman now gives away to the
throes of labor. There give an
instance of reflex action. For
when emotion and sensa-
tion are suspended they go
on. The throes being reflex do

not fatigue the patient but very little. The woman assists these contractions by her voluntary bearing down efforts. Sometimes in the midst of a severe pain the woman will cry out - This is not voluntary - but is reflex - it acts as a safety valve - for by this screaming the voluntary efforts are suspended - she is a tug so far as there go is taken away and the danger of laceration is reduced. Sometimes the woman cries more frequently than she should - and vice versa - the Accoucheur should direct this. Should the Os uteri be widely dilated and should the Bag of waters remain "in tact" it may be ruptured artificially. This should be done at an interval of a pain. By doing it during a pain, Pro-lapsus of the Cord may follow.

as a consequence. When sup-
porting the Bag a sheet or large tow-
el should be placed under the
woman's hips in order to absorb
the Liquor Amnii. When the
child's head presses upon the
lower part of the Rectum the
woman has the sensation of want-
ing to go to stool. This is gener-
ally only a sensation - but
should it not be - a towel may
be put under the woman, on
to which she may evacuate
her bowels. This prevents all risk
incident upon moving. In sup-
porting the Perinaeum the bare
hands should be used. By the
hand we support only by und-
ering more tardy the expulsion
of the child. After a labor pain
is over the head recedes. Then
lard must be generously applied

both to the child's head and the
latic. This is cooling as well as
lubricating. At the instant the
head is born we must ascertain
whether or not the cord is wrap-
ped around the child's neck-
should it be - the most yield-
ing portion must be drawn
over the head - if this cannot
be done it may be so extended
as to allow the shoulders to pass
through it. Should this be im-
practicable the cord must be cut.
When the child is born it must
be placed upon its right side
near the woman's genitals -
its face looking away from them -
lest a gush of discharge suffocate
it. Care must be taken when
placing the child that the cord
be left lax. Now the second -
ever's bare hand must be placed

upon the woman's neck at-
domin and friction made -
this excites uterine contractions.
It is a mooted question whether
or not to give Chloroform or
Ether during labor. They certainly
relieve pain and produce re-
laxation - but they also lessen
uterine contractions. Ether
should never be given during
the first stage of labor. It may
be employed when the os uteri
is widely dilated and the head
is pressing upon the soft parts
and when the pains of labor are
frequent and prolonged. Pri-
mipara generally bear the
administration of Ether better
than others. Ether may be
employed either as a place-
bo - or in order to get its full
and positive effects. Ether

is preferable to Chloroform -
It should be given only during
a pain -

Lecture No. 21.

During the 3rd stage the uterus contracts and squeezes the Placenta off of its wall - and these contractions continuing it is expelled from the uterine cavity. Sometimes the Placenta is detached before the birth of the child - This allows "accidental haemorrhage" - Other things being equal the Placenta will be expelled earlier in strong women - in who have had seven bearing down pains. Should there be a delay in the expulsion of the Placenta the Accoucher should remove it artificially. Whenever the Uterus is firmly contracted & whenever the Placenta is felt

either in the mouth of the uterus or in the upper part of the vagina. The "after birth" should be removed. In removing the Placenta we must have the assistance of the woman's bearing-down efforts. Traction may be made upon the Cord but this must always be in the direction of the axis of the superior strait. When the Placenta has been brought to the mouth of the Vagina traction should be stopped and it should be rotated. This movement will twist the membranes and insure all of them being withdrawn at once. After the Placenta and membranes are delivered the hand must be introduced into the Vagina and closed removed if there be any. By holding the hand open at

the os uteri - and directing the woman to strain the clots contained within the uterus will be expelled into the hand, and they can be removed very readily. Inertia of the Uterus may complicate the third stage. Nature by causing contraction has cut off the supply of blood to the Uterus before the Placenta has been detached. The Diagnosis of Inertia may be readily made by placing the hand upon the abdomen and failing to feel the uterine tumor we may suspect Inertia. Treatment. Friction over the abdomen with the bare hand. A glass of cold water or pieces of ice given to the woman to eat. Enlarged Placenta may complicate the third stage. In the case

of twins or triplets the Placenta should not be delivered until all of the children have been born. In making traction in these cases it should not be made upon both cords, but upon one only. Irregular Contractions is sometimes a complicating accident. In every case of this there is morbid attachment of the Placenta. When the internal os contracts we have what is called "hour glass contraction" of the Uterus. Treatment. Some recommend Anodynes, others Ether, but both of these plans are improper. This condition should be treated just as abnormal adhesions. The hand should be introduced into the Vagina and the contracted os uteri be slowly dilated, and the adherent Placenta unmoved.

removed Lecture No. 22.

Labour complicated by Morbid adhesion of the Placenta. This is generally due to chronic inflammation of the Uterus. Ramsbotham says that this condition is usually caused by a blow or fall or some such accident. At other times it is brought about by coagula which become partially organized and form a connection between the uterus and Placenta.

Diagnosis. Easy. If a portion only of the Placenta be detached haemorrhage must follow. Treatment. Should never be left to Nature. Traction upon the Cord may be made if only the uterus be contracted. Sometimes ice cold water is injected into the umbilical vein. This comes in direct contact with the uterus and brings on more contractions. Besides

This it adds to the weight of the Placenta and thus aids in its separation. The only reliable treatment is to introduce the hand into the Uterus gradually detaching the os and remove the placenta slowly from the uterine walls. While this is being done the other hand should be making friction upon the bare abdomen. The Placenta must not be withdrawn suddenly - but gradually while friction upon the abdomen causes the uterus to contract and force the hand and Placenta out together. In very rare instances the whole of the Placenta cannot be removed. These cases are very dangerous. Purpural fever is likely to follow. Inversion of the Uterus Almost always caused by injudicious traction made upon the cord. We may have three degrees of

Inversion. - In the 1st The fundus is a little depressed - in the 2nd the uterus is partially inverted in the 3rd it is turned wholly wrong side out, and is seen between the woman's legs. By percussion up on the abdomen and ascertaining the presence or otherwise of the uterine tumor will under the diagnosis clear. Treatment. - Simple depression of the Fundus may be easily undiduck - pass the hand into the uterus and push up the depressed part. When it is wholly inverted careful manipulation will usually succeed in returning it. In these cases put the woman wholly under the influence of Ether. This accident of Inversion is more apt to occur again when it has once taken place. Post Partum Haemorrhage. - This is the

us is taken by surprise - by its
hurred evacuation - Ergot is the
proper remedy under all cases
of uterine haemorrhage - but
should it fail we must resort
to other means - We always
may use our hands - one should
be placed in the uterus and the
other making friction upon the
naked abdomen - The Prin-
cess Charlotte lost her life by her
Accoucheur being afraid to put
his hand upon her bare person -
Be not dismayed then and
do not hesitate to put the hand
upon the naked abdomen of
our American girls - Cold is
another remedy - If this is to
do good it will do it almost
immediately - and therefore if
it is not efficient immedi-
ately it should not be relied upon

on. Ice may be used both upon
the abdomen and also in the
Uterus. Cold water injected
into the vagina and rectum
may be resorted to. Dr. Marshall
recommends the cold douche.

A Dossil of cloth or a sponge wet
with Vinegar, or a peeled lemon
passed up into the uterus
Prof. Pinrose says in his hands
has always been an efficient
remedy for Post Partum Haemorrhage.
It has never failed.
Suppose however that it were
to fail. Some French Authors
advocate the use of the Tampon.
but by employing this we merely
conceal the haemorrhage -
by causing it to be retained within
in the Uterine cavity. we in fact
imitate the Quack who hides
its face from the danger but

Takes no means to ward it off. Com-
pression of the Abdominal
Aorta may be used as an
adjutant to the other modes
of treatment. Some other plans
have been suggested which must
be resorted to. Transfusion of
Blood has been resorted to in
a number of cases in England.
As a last resort it may be em-
ployed. Opium has been rec-
ommended by some English
authors. Dr. Bedford has used
Tincture of Opium in large doses
After Haemorrhage has been
stayed a bandage should be
immediately applied as tight
ly around the abdomen as can
be borne. The woman's head shd.
be kept as low and even lower
than the level of her hips. Opium
must now be used for it reduces

nervous irritation.

R Tinct. Opii - grs. $\overline{\text{XL}}$ - or $\overline{\text{L}}$ -
may be given. - Wine whey or
milk punch - and as much
animal broths as the stomach
can bear must be given. Iron
should be taken. There is al-
ways a tendency to relapse after
haemorrhage - so Ergot should
be given even when the bleeding
has been stopped. There some-
times happens what is called
Secondary haemorrhage. - This
is due to a sort of secondary
inertia - which allows a clot to
form and distend the uterus.
The Treatment must be run
over the coagula or membranes
and then excite contractions
by the usual means.

Lecture No. 24

Treatment of both Mother and Child

immediately after delivery. "Here
lies a dirty slimy greasy little
being by the side of its Mother. Its
Placenta is of no further use to
it for it now respires freely. The
lower animals from instinct eat
the Placenta from their new
born offspring. We look at the
infant's first cry as the sign telling
us that their Placental connect-
ion may be severed. and when
it occurs even though the cord yet
pulsates it may be ligated. In
applying the ligature to the cord
it is advisable to first take the
Child from under the sheets that
no error may be made in the op-
eration. An ordinary Run of
home spun Thread forms as good
a ligature as could be needed
This should be applied at a
bout three fingers breadth from

the surface of the abdomen. Some
recommend that two ligatures
be applied. This is not necessary
except in the case of plural
births. here it is well to do it as the
Placenta may be connected with
each other. The ligature being ap-
plied and the cord cut. The child
must be delivered to the nurse
who receives it in a flannel cloth.
In handling the baby care must
be taken not to let it fall - for it
is very slippery. The slimy sub-
stance upon the child is a sort
of sebaceous matter - which is
soluble in the animal oils and
albumen. Lard is probably
the best unguent that can be
used. This may be applied by
rubbing with a cloth saturated
in it. This rubbing does the in-
fant good. After this the Child

must be washed. Its mouth
ear and eye should first be
cleansed while it is yet wrap-
ped up - subsequently it should
be put into a warm bath and
thoroughly washed. This is bene-
ficial by stimulating the skin. The
dressing for the umbilical cord
consists essentially in the employ-
ment of an absorbing material.
A piece of old muslin - not linen -
doubled once or twice with a
hole cut in the middle may
be used. Dr. Duveroy recommends
a narrow roller bandage -
Some Nurses take a piece of
cloth and turn it slightly - by
doing so carbon is generated
and when applied as a dress-
ing to the Cord it absorbs the
odor that is developed while
it is suppurating. Next the

Bindu commonly called the Belly
Band should be put on the
child. Care should be taken
that this be not applied too tight-
ly. When the Cord has separated
this Belly Band may be dispen-
sed with. This separation
leaves a little ulcer - if this should
not heal readily - some astim-
gent wash may be employed
to stimulate it. Care must
be taken that the Child is warm-
ly enough clad. It is not ad-
visable to have it wear a cap.
Its first meal may consist of
one or two teaspoonfuls of sugar
and water. This will be suffi-
cient at first - as soon however
as the mother is comfortably
fixed the child must be put
to her breast. Sometimes the
Child presents an Asthmatic con-

dition. The most common cause of this is premature delivery. Such a child will not cry, but gives labored moans at long intervals. It will be blue - especially at the extremities - and cold. Sometimes these asthmie children are not strong enough to bear a washing - if it be strong enough the bath must be quite warm and undressed more stimulating by the addition of some spirits. Care must be taken to keep such a child sufficiently warm. Sometimes children are born apparently dead - their respiration does not begin - it may be mortally pale - or it may be red and swollen - In the Apoplectic condition the child will be red and swollen, and

frequently bluish spots will be found
on various parts of the body. If
it should die and a post mortem
examination be made, the brain
will be found to be engorged with
blood, and there may be effus-
ion within it. Anything which
will Asphyxiate the child will
cause this condition. Solap-
sus of the Cord - or premature de-
tachment of the Placenta are ex-
citng causes. Treatment. Re-
move the congestion - and ap-
ply something stimulating to the
Medulla Oblongata. If the
Apoplectic condition be mark-
ed we may bleed. This may be
best done by allowing a little
blood to flow from the Cord.
There is another condition
which the child may pre-
sent - and that is one of Syn-

asphy. or Simple Asphyxia in
the words of Prof. Hodge. In
this condition the child presents
no evidence of life - it is death-
ly pale. Simple Asphyxia
is caused by anything which
fatigues the child - a protracted
or severe labor - may bring
it about. Treatment. In
this condition, as in the last
one we may put the baby in
a bath of hot water - say 105° and
upon taking it out sprinkle it
with cold water - and then replace
it in the hot water. Slap the nates.
Supply artificial respiration
either with a quill put into the
mouth - or by Marshall Hall's
method. Sometimes the child's
head from pressure due to pro-
tracted labor will be very much
misshaped - This must not be

muddled with - for nature will
unravel it in good time. At
times the Child's scalp will pre-
sent a bloody tumor called
a Caput Succedaneum. This
must not be interfered with
for subsequently it will disap-
pear spontaneously. The Child
having been washed and dressed
should now be allowed to sleep.
The sheets should next be chang-
ed, and the woman made com-
fortable by the attentions of the
Nurse. The best material for the
Binder to be made of is common
unbleached muslin $1\frac{1}{4}$ yards
long, and broad enough to reach
from the Trochanter to the false ribs.
This should be applied by the Accou-
chur. The binder should be pinned
from the top towards the bottom - it
is sometimes well to put a com.

press under it. By pinning from
the top the intestines are pressed
upon the Uterus. The nurse should
put a towel under the Genitals to
catch and absorb the Lochia. Should
the woman tumble or feel chilly it
will be well to put a hot brick
or bottle to her feet.

Lecture No. 35.

Before leaving our patient it is
always advisable to require the
nurse to look at the Napkin - and
examine carefully the condition of
her pulse. Now the woman en-
ters the Puerperal state. She has
a feeling of lassitude mingled
with fatigue which always fol-
lows healthful muscular action.
and she falls into a gentle sleep.
The Puerperal woman generally
presents - this is physiologi-
cal and not pathological.

Her nervous system is in an ex-
alted condition. She must there-
fore be kept quiet and not allow-
ed to receive company. The Pauphal
woman sometimes has difficulty
about her bladder - but this is not
general. Her bowels are gener-
ally constipated - so it frequently
becomes necessary to give her Castor
Oil. The abdominal muscles have
been greatly distended - and they
never will return to the condition
which they had in the Virgin state.
This is equally applicable to the Ex-
ternal genitals. The Uterus since
it has been impelled contracts and
presses from its walls the Blood
contained within them. This
discharge lasts generally until
the mammary secretion is estab-
lished - it then intermits but comes
on again soon after the woman

has her milk. Should the woman not nurse her child this discharge will generally last until her next menstruation. The character of this discharge after the milk secretion has been established is changed it is then bloody mucous. This emission is called the Lochia from a Greek word meaning woman in child bed. The Lochia may be very offensive. This is generally due to a retained piece of membrane or a lack of neatness in the woman or in her nurse. After Pains are due to paroxysmal contractions which have for their object the expulsion of coagula from the cavity of the uterus. Women who have imperfect contractions are likely to be troubled by After Pains. After Pains generally disappear

with the establishment of the secretion of Milk. Diagnosis -

It must be remembered that After Pains are paroxysmal. They cause an increased flow of the Lochial discharge. After Pains are not increased by pressure, and with them we find no constitutional evidence of inflammation.

On the 3rd. day after delivery the breasts are hot and swollen - and have a prickling sensation. Now begins the secretion of milk. The first milk is called

This is thick and abundant in butter and sugar which act as a purgative taking off the Meconium. The woman after delivery is frequently irritable - when she presents this condition. Anodynes - Morphine should be given. Opium is indeed an invaluable

the medium in the Child Bed.

R Morph. Sulph. gr ij

Spu Ark Nit.

℞ Fl. Ext Val. aape ℥i

If the Lochia be excessive we may give some of the Wine of Ergot and tighten the Uterus. Should this not be sufficient the hand must be introduced into the uterus and remove any coagula or piece of membrane that may have remained behind. If the after pains be severe, a large flaxseed poultice applied warm to the lower part of the abdomen, covered with oil silk will prove useful. It will be well to examine the changes which the uterus undergoes. This organ is composed of embryonic fusiform fibre cells. When pregnancy takes place, these cells

undue wonderful hypertrophy, and to this is due the great strength of the organ at the time of delivery. After labor this enlarged uterus, now weighing 2 pounds, undergoes a sort of fatty degeneration and it may be that the milk is indeed nourished by this means. It, at any rate, is eliminated through the several excretories. The old uterus actually dies. During pregnancy the uterus is the child's tabernacle - the child coming from it is a being of advancement - it has left, as it were, its fleshy body. Is there not a wonderful analogy between this, and death, corporeal death, followed by the resurrection.

Lecture No. 26.

Sometimes the Lochia disappears

after they have once ceased. This is generally due to some strain. This exertion causes congestion of the uterus, and therefore there is a return of the discharge.

Treatment. Rest. Purge. Some one of the salts of Iron. Plithora, which may cause a prolonged Lochial discharge may be remedied by purging. After Pains, are sometimes due to an irritable condition of the uterus. When this is the case Opoids are indicated. In those cases where there is a difficulty in passing water, it is occasionally necessary to employ a Catheter. But many nervous women will suppose that they cannot urinate when they really can without any

difficultly: in these cases, give some
placebo, merely to act upon the
imagination. such as.

R. Lig. Morph. Sulph. ℞
Aqua ℞
M. S. ℞ 3 times a day.

Upon the third day, the woman
should take Castor Oil ℞
This will prevent a too hasty
development of the Mammary
glands. The diet should be
strictly faunacious for 6 days
after confinement. Coffee is as good
as Tea for the puerperal woman.
Should the woman have Milk
fever, nervous irritation should
be lessened.

R. Morph. Sulph. gr. ij
Spir. Aeth. Nit.
Fl. Ess. Val. aa ℞
M. S. ℞ 3 times a day.

Another very good prescription

is:

R

Morph. Sulf $\frac{gr}{gr}$
Mistura Potas. Cit. $\frac{3viij}{3viij}$
Q. S. S. every 4 hours.

When the milk runs sluggishly (due to its being too thick) causing pain in the Breast - it may be well treated by rubbing the breast with hot lard.

Chapped Nip-
ples. Nothing is more annoying to the lying in woman. Mothers will sometimes nurse with tears in their eyes, owing to the pain caused by the baby's traction on the tender nipple. To obviate this it is well to prepare the nipples some 2 months before the child is born. This may be done by frequently bathing them in a saturated solution of Buryd and Alum: or Bony and Borax. Bony and Tannic

acid. The nipple should always be moistened when the child is to suck it may be sopped with a sponge wet with water and Castile soap. A good astringent wash for sore nipples is two wine glassfull of hot water into which is put ℥ij of Green Tea to which may be added a little Brandy. It is sometimes well to put a poultice of Slippery elm upon the nipple and once or twice a day apply a solution of Nitrate of Silver with a Camels hair pencil. The Nipple Shield is occasionally useful. When the nipple is very sore it is necessary to take the child from the breast and allow it to suckle the other one only. Mrs. Phoebe Bailey's breast pump or the monthly nurse will

Keep the Breast empty. Mam-
mary Abscess. Most generally
they begin in the follicular por-
tion of the gland. at other times
they originate in the connect-
ive tissue. Malformation of
the nipple is a fruitful cause
of Mammary abscess. Nothing
is so often a cause of Purpural
mania as Mammary Abscess.
Cold is a common cause
of these Abscesses. Symptoms.
Pain in the Breast, and a lump
soon discovered there. Then a
chill followed by fever. Treatment.
Remove the accumulated se-
cretion, and lessen nervous ir-
ritation. The nurse must empty
the breast with her own mouth, for
the young baby is not strong enough
to do the duty. But. Regulate little
food as possible. Opium - Purgin

A very good application may be made by taking Ext. Bellodonnae Grs and adding to it enough Syrup to make a smooth ointment.

The Breasts may be frequently smeared with this. Bleeding should not be resorted to.

Lecture No. 27.

Bellodonna Plaster acts almost specifically in stopping the Milk secretion. Dr. Pinos has a patient in whom one nipple is absent - having where it should be a depression. When she becomes parturient he simply makes an application of the Bellodonna plaster and has her monthly nurse keep the breast continually empty. By this means one of the breasts becomes dry while the other one secretes milk and she is able to nurse her child. In conclusion

Then we say that Belladonna, Opium
Purgings together with low diet forms
the especial treatment in these
cases. Leeching is insufficient to
the cure. Cold evaporating lotions
and ice are recommended by some
but these means are dangerous.
Sometimes the Abscess will ad-
vance and at length point in
spite of the most active treatment-
when this is widely taking place
an entire change must be made
in the treatment. Starvation
must no longer be resorted to-
but in its stead give a nourish-
ing diet. Quina. and Morphia
enough to relieve the great pain.
When the Abscess points open
it with a thumb lancet. This
must be done parallel to the
Thigh tubes. Should more Ab-
scesses form they must be treat-

ed in a similar manner. The Lactation should be continued - besides other Linics until the woman's health has intirely recovered. She should be allowed to nurse the baby upon the healthy breast. for weaning the child in our climate at least is hazardous. Now we come to the most terrible disease of the Puerperal State. Puerperal Fever. The lesions are very various - sometimes there are none apparent - at other times the Uterus is found inflamed. with pus contained in its vens. Occasionally the Coanus are inflamed and septined. Most think that this disease is due to many animal poisons acting upon the Blood of the Puerperal woman. Sometimes a vitiated state of the al-

mosphere seems to make the
disease Epidemic. When attend-
ing some Zymotic disease - Gun-
gum - Scarlet fever - Small Pox
and the like - or after handling
morbid specimens - no Physician
should take charge of a woman
in labor without taking the
greatest care to wash from
his person all that might prove
noxious. A bath should be tak-
en - the hands should be washed
in a solution of the Cyanide of
Potassium - and the clothes chang-
ed. First it will be well to con-
sider Inflammation following
labor. This may be of almost
any organ. Symptoms. Chill
- Fever - followed by pain in
the organ involved. These acute
inflammations generally tend
to suppuration or gangrene -

Treatment. Expectancy will not answer. A prompt antiphlogistic plan is called for. In acute idiopathic inflammations of these organs following labor. Bleeding must be immediately resorted to. This should be general if the woman's condition can possibly bear it. otherwise bleed locally. Opium is after this the great remedy. this allays nervous excitement. it should be given in large quantities. A Mercurial purge may be given — and a Raster placed over the organ inflamed. dressed with Morphia. A Flaxseed poultice should be put over the whole Abdomen. Now we are prepared to consider the symptoms of Purpural Fever. This may be thymic or asthmic.

In Typhoid cases there is not much pain in the abdomen - it is swollen. Anus drawn up. Stomach very irritable. The appearance of the Tongue is sometimes normal. Frequently the Lochial discharge is stopped. at other times it is lessened or made very fetid. In some cases Peritonitis runs the chief symptom. Some have supposed the disease to be essentially Peritonitis. This generally begins 2 or 3 days after confinement. The inflammation may extend all over the Peritoneum. or not. Symptoms. Pain over the abdomen. Quick pulse. Generally ushered in by a chill. Inflammation of the Ovaries is another way in which this disease may be marked. In this case the

expression is peculiar. The face has a pinched look - presenting an anxious appearance. Tachycardia and vomiting are very constant symptoms. Sometimes the inflammation goes from the Peritonaeum to the Pleura. Another feature of Purpural Fever is inflammation of the Uterine veins - with the formation of pur and Metastatic abscesses. Some think this the True Purpural Fever.

Treatment. Almost in the acute forms. bleed largely - until the woman is standing until approaching syncope to notice. Ed. Mercurial purge. Flaxseed poultice over the whole Abdomen. Opium. - In the milder form it is not generally advisable to bleed. Opium

In these cases stimulation is called for - Blisters.

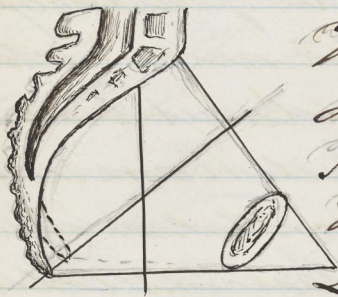
Lecture No. 28.

The Superior strait is the upper opening into the cavity of the Pelvis. In front we have the upper part of the Symphysis of the Pubis - laterally the Iliac Pectus - posteriorly the Ala and promontory of the Sacrum. The Promontory of the Sacrum, when the woman is erect, is about 3 inches and 10 lines above the level of the Symphysis of the Pubis. The axis of the plane of the Superior strait is (when the woman is standing erect) a line drawn perpendicular to this plane and would pass through the point of the Coccyx & the umbilicus. A consideration of this fact is important in

directing the woman to assume particular positions in labor. The antero-posterior or conjugate diameter is 4 inches. The transverse diameter is $5\frac{1}{4}$ inches. The oblique diameter is 5 inches. The Inferior strait is the lower outlet of the Pelvis. This orifice is very irregular. In front we have the sub pubic ligament. Laterally we have the ramus of the Ischii and the Sacrospinous ligaments. Posteriorly we have the point of the Coccyx. All its diameters are 4 inches, but all the boundaries behind the ramus of the Ischii are movable - so these diameters may be lengthened. The Coccyx will bend a half an inch. The Sacrospinous ligaments will stretch $\frac{1}{4}$ of an inch. The plane of the

Inferior Strait is such a one as would be drawn from the sub-pubic ligaments to the point of the Coccyx. The Anterior depth of the cavity of the Pelvis is $1\frac{1}{2}$ inches. The Lateral depth - $3\frac{1}{2}$ inches. The Posterior depth is 5 inches. The Oblique diameter of the Pelvis is 6 inches. The circumference of the Superior Strait is $13\frac{1}{2}$ in. that of the Inferior Strait is 12 inches.

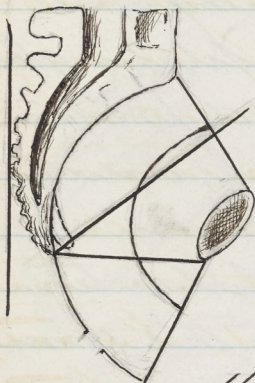
Lecture No.



We have studied the diameters of the bony Pelvis, but the Foramen Magnus and the Iliacus Internus change their. The former arises from the body of the vertebra, decends under Poupart's ligament and

together with the tendon of the
Psoas internus it is inserted
into the lesser Trochanter of the
Femur. These two muscles
form a soft bed upon which
the gravid uterus may rest,
for it will be remembered the
Uterus almost always falls
either to the one side or the other.
The apposition of these muscles
changes the shape of the cavity
of the Pelvis greatly. They alter
the diameters especially the
Transverse, but by placing the
woman in the flexed position
they are rendered lax, and are
then easily pushed to one side.
There is much cellular tissue
in the Pelvis, and this some-
times has an abnormal quan-
tity of fat deposited in it. This
of course will under labor

Tedious. The Levator ani mus.
 cle constitutes the most essential
 part of the floor of the inferior
 strait. It arises from the
 Pubic bone & pelvic fascia as far
 down as the Os Coccygis - in fact
 it arises from the whole of the
 anterior part of the inclined
 plane of the inferior strait.
 All the soft parts at the out-
 let of the pelvis may be called
 The Obstetrical perineum.



At the full period
 of gestation the child
 assumes a flexed
 position and is call-
 ed the Foetal ellipse.
 The ancients thought
 that the child as-
 sumed that position from
 instinct. Dubois still adheres to
 this opinion. Velpeau explains

the fact that the child takes this position by telling us that it is due to gravity, and that as the head is the heaviest part, it descends first. But if we put a dead foetus into a tub of water, we will find that the head does not sink any more quickly than the hips, showing that it is no heavier. The more probable explanation is that the child by its reflex action assumes that position in which it lies with more ease, and owing to the shape of the uterus, in the normal condition it can be best accommodated with its head downwards.

Mechanism of Labor. Presentations, and Positions. In normal labor we recognize but two Presentations. Those of the Vertex and Those of the Breech

In the vast majority of instances as the Vertex comes down — and of this presentation, much the more common (70 out of every 100) the occiput is to the left acromion. There are three occipital anterior positions and an equal number of occipital posterior positions. The first is the left occipital anterior position — the second is the right occipital anterior position and the third the occipital posterior position.

Lecture No. 29.

In the 1st. and 2nd. positions, after the head has proceeded some way, the nape of the neck gets under the arch of the Pubis — the face is now in the hollow of the Sacrum, and it describes the arc of a circle

around the nape, which acts
as the center, so the child is born
in the position of extreme ex-
tension. As soon however, as
the head is delivered, having
lost its support, it falls down
into flexion. Theoretically the ^{shoulders} ~~shoulders~~
have been oblique in the cavity
of the Pelvis, but when the head is born
it rotates, performing what is
called external restitution, or
in other words the child's neck
becomes untwisted. The shoulders
now engage - the one getting
fixed under the arch, the other
describes an arc of a circle a-
round it. The state of re-
laxation or density of the Per-
inaeum decides which shoulder
shall be first delivered. If it
be relaxed the sacral shoulder
will be delivered first - if not

The Pubic shoulder will precede the other. In these two positions (1st and 2nd) the back of the neck being anterior and measuring about an inch and a half in length - will reach from the plane of the superior to that of the inferior strait. Therefore the whole body of the child is sustained within the uterus until the most difficult part of labor is passed. giving the uterine contractions the most effectual opportunity for expelling the child. The 3rd position scarcely ever remains as such, but the occiput glides off the pubis converting it either to a 1st or 2nd position. Theoretically perfect flexion or extension is absolutely essential to the possible termination of labor, when this position

Therefore the occiput must swap over 10 inches before it will be delivered. Lastly, these positions may terminate by being reduced to a face presentation - the forehead in this case describing an arc. This is rare, and this is rare.

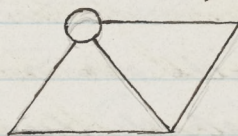
Lecture No. 31.

It is exceedingly rare that these Occipito posterior positions of the vertex terminate by becoming face presentations. The 5th Position of the Vertex is directly opposite to the 4th. The diameters are the same - and the mechanism is identical with it. The 6th position is the analogue of the 3th, and must almost necessarily terminate by becoming either the 4th or 5th positions. Some

times flexion does not begin the mechanism of Labor - but decumbent may first take place - and then flexion will not take place until it meets with resistance.

Sometimes "rotation" does not follow "decumbent" - but it may take place immediately - or in other instances it will not occur at all. Rotation is a consequence of two forces acting in different directions - The one is the force of propulsion - the other the force of resistance.

Occipito Anterior positions are more



favorable than Occipito posterior positions - even when these positions terminate by anterior rotation. The position of the child may be ascertained with some degree of certainty as well

the presentation sometimes
before Labor begins. If the
woman says that she feels
the movements of the child
high up we may suppose
that its feet are there and
that therefore there would be
a vertex presentation. If
in the early part of Labor we
find that the 4th or 5th position
is to be dealt with, an exper-
ienced Accoucheur may turn
the head into the 1st or 2nd.
Caput Succedaneum is never
found on a child who has
pushed during Labor so we
may decide that if a child
be presented with one on its
scalp that it died after
having been born.

Lecture No. 31.

Breech Presentations are not

nearly as frequently met with as Vertex nor are they as favorable. The probable explanation of these positions is that the child makes some forcible movement which is sufficient to bring its head up and buttock downwards. In these cases the movement is made after the child is so large that subsequent reflex movements are not sufficient to right it again. The Sacro anterior positions correspond to the Occipito anterior and the Sacro posterior to the Occipito posterior. The first position in this presentation is much the most common as it was in the case of the Occipital presentations. In ~~Brach~~ presentations when the Bag of waters ruptures the

Liquor Amnii is completely
evacuated - for the buttock does
not fully plug up the dilated
os. If traction be made up-
on these presentations it is
most probable that the head
will become fully extended
and the arms are very like-
ly to become placed along by
it. This is a serious complica-
tion to labor. After the
shoulders become delivered,
the head lies transversely with
in the pelvis. under these
circumstances the head is
entirely out of the uterus &
will not be expelled by uter-
ine contractions. But all
this time the cord is being
pressed upon and if labor
be more than 10 or 15 min-
utes longer the child will

be born still. Another complication may occur which would destroy the life of the child. that is premature detachment of the Placenta. Labor can only be terminated by the expulsive efforts of the mother. Even if the head be fully extended bringing the Cervico mentus diameter to the transverse labor may be minute successfully. But this diameter can go through no other than the transverse. This fact should always be remembered. Especially were the operation of version be resorted to. In cases of the 3rd. position of the Breech the head must be transverse - or else labor becomes impossible. The 4th. position of the Breech almost

always ends by anterior rotation. It may however terminate by posterior rotation

Lecture No. 32.

The short "English Forceps" can only be applied to the child when at the inferior strait. The blades of the long forceps are called respectively the male and the female. The male blade must always be applied at the left of the woman and the female at the right, or more generally, the curve should be put towards the sacrum & the concavity towards the arch of the Pubis. When the forceps are to be introduced the woman should be brought to the foot of the bed, with her genitals so situated that manipulation will be easy. Her hips should be well over

The bags should be washed and lubricated before their introduction. The testes (as a rule) are to be applied only to the child's head, not to the neck. They should be put on the side of the child's head and as near as possible to the occipital diameter. The posterior blade should be applied first. Dr. Hodge lays it down as a rule to introduce the Male blade first. The concave surface of the blade must be kept continually flat upon the convex surface of the child's head. When introducing the instrument, the finger must be put at the posterior part of the vulva, when it may act

as a guide, and as a protector
in to the soft parts.

Figure No. 33.

Version. May be made by the
feet, or by the vertex. The oper-
ation by the feet is the one most
generally resorted to. The arm
must be brought to the edge
of the foot of the bed with her feet
flexed and either resting upon
the bed or upon the back of a
chair. Her shoulders should be
elevated. Ether, Opium, Ergot
and Brandy are the medicines
which should be at hand.
All but the palm of the hands
should be lubricated. In
introducing the hand, the thumb
should be upwards and a
rotatory motion should be
made. The Q must be

dilated or dilatable. and the child should be within the uterus. The introduction of the hand, and indeed all the manipulation of version except that of extraction, should be done during the absence of the pains. It is desirable to have extraction aided by uterine contractions. When the hand gets to the os. it shd. be supinated so that the back of the hand will correspond with the hollow of the Sacrum. If the membranes are found to be entire, they should be left so, for after their rupture the uterus contracts, and version becomes difficult. At length they must be broken. and this should be done high up, and not directly opposite the

os uter. By taking this pre-
caution, some of the Liqueur
Annis is retained, and
makes it more easy to move
the child in the operation of
Version. The feet must be
looked for on the anterior
part of the child. They shd.
both be seized, if possible,
and the index finger insin-
uated between them. If only
one of the feet can be brought
out, a piece of Tape should
be tied to it. It is often well
after Version has been accom-
plished, to let labor be termin-
ated by the powers of the wom-
an. If not, all the differ-
ent motions in the process
of labor should be remem-
bered, and carried over.
Care must be taken to keep

the arms at the side of the child if possible. In making version by the feet - the head must be brought transverse at the Superior Strait, and by making extraction only during a pain, flexion will be almost certain to be complete. If the head become locked at the superior Strait when it is transverse, the finger should be introduced into the child's mouth, or into the hollow of the cheeks, and flexion made extreme. The blunt hook upon the handle of the forceps, may be used to bring down one arm. A Fillet is a mere piece of tape, and is used to make extraction after having been passed over the groin, or

over the occiput in some cases. It always becomes rolled up, and frequently cuts horribly. To prevent this (partially at any rate) the Tape may be padded. The Vectis or more properly called the Lever is an angular instrument, the blade having a fenestrum in it. It acts as a lever, but great care must be taken that no part of the woman's genitals be used as the fulcrum. The Pouchlover's hand screw always be used for this purpose. This instrument is especially useful in helping to bring about an anterior rotation of the child's head.

Lecture No. 34.

Breech presentations are not to be interfered with by traction. In these presentations, in the first stage nothing must be done - the bag must be allowed to rupture spontaneously. Subsequently if traction be made the arms being held by the contracted uterus they will be drawn up by the side of the head, and will convert a natural labor into a preternatural one. When the shoulders engage the head will be out of the uterus, and therefore beyond its contracting power. It follows then if labor be prolonged the child will become asphyxiated. The Treatment at this stage consists in keeping the head perfectly transverse, and bidding the mother to

bear down with all her force.
The forefinger may then be introduced into the child's mouth, and flexion and rotation being made at the same time, the head will be delivered without difficulty. Forceps are not, except at very rare instances to be resorted to under these circumstances. If the chin should be locked above the symphysis, by introducing the finger and pressing upon the side of the jaw, the head may be put transverse, and all difficulty will disappear. Irregular Brach presentations do not differ materially from the regular, so far at least as the treatment is concerned. Distocia is the next study for us to take up, but before doing so, it will

be well to consider the diseases to which the newly born infant is liable. It should be remembered that for the first 9 months of its existence the child has been in fact an aquatic animal, aerating its blood in a manner very similar to that carried on in the gills of fishes, and it is also covered with a sebaceous matter not unlike that which lubricates joints.

Many of the so called diseases, are merely transition states of the economy. Cyanosis is most generally due to some disease of the heart or lungs, or other vessels. In it, the child presents a bluish color. Dr. Meigs, says that this disease is often due to a patulous condition of the foramen ovale - and that the treatment is as efficacious

as it is simple. The child should be kept constantly upon the right side. If the disease is due to organic disease of the heart, the child will die. Jaundice, is frequently seen in young children. Sometimes the skin alone is yellowish, when this is the case, recovery will occur spontaneously. This is not really jaundice. In other instances the conjunctiva becomes yellow, and the evacuations are clay colored, mixed with bile. There will also be nausea, and vomiting, and often the patient will be noticed to be very drowsy. Treatment. In the first case none need be resorted to. In the latter, purgatives may be administered. Castor oil will be found useful.

℞ Potas. Bicarb ℥j
Syrupus. Sim. ℥ss.
Aqua ℥ij
℞ S. ℥j every 3 hours.

℞ Hyd. Chl. Mii gr i
Sacch. gr xij
℞. Div in Pil xij (Puls?)

S. give one every 2 hours.

Sum. This can hardly be called a disease. It is a physiological eruption, caused by the change of surroundings. The eruption is popular, and lasts a variable time. Treatment. Lessen or remove causes of irritation.

Lecture No. 35.

In ordinary cases the Forceps are not to be used as compressors, but when the head is too large, or the pelvis is too small.

they may be used as such with advantage. The forceps are also employed as tractors, but while they are being used as a tractor they must be moving, and acting as a lever. This may be done by a slow lateral motion. All of the manipulations, except Extraction, should be made during the absence of pain. Care must be taken that no hairs are caught in the lock of the instruments. for if this be not attended to, the woman will suffer much needless pain. While one hand is making Extractions, the other should be higher up on the forceps, about the lock, with the forefinger placed upon the occiput of the child. This

Finger discovers any slipping, or such like accident. In all more every case, after the forceps have brought the head through the bony pelvis - into the soft perineum the woman can terminate the delivery without further traction.

Lecture No. 36.

One of the greatest dangers in Instrumental labor, is a too rapid delivery. In performing the operation of Version that hand must be used which when held between pronation and supination shall have its palm towards the abdomen of the child. If after version has been effected the arms are extended and lie by the sides of the head, they must be brought

down, and the posterior arm
is the one first to be attend-
ed to. Dystocia—difficult
labors. The vis a tergo being
weakened forms one class
of difficulties—obstructions
whether fetal or maternal
forms another—laceration
of the uterus another—placenta
prævia still another. The
lack of vis a tergo is wanting
often in women who have had
a great many children. It
weak woman may have a
strong uterus, and a strong
woman may have a very
weak one. Women suffer-
ing from debility or Phthisis
may have a powerful uterus
and they very frequently
have. To say in the first
stage of labor is not danger.

ous to either mother or child.
It may be indefinitely long.
Dr. Pinrose has had a case
of a woman in the first
stage of labor, during the
whole of one month.

Lecture No. 37.

If the Expulsive or 2nd stage
be prolonged over six hours one
out of every four children will
be born dead, and the mother
is very likely to suffer injury.
Cyan is a remedy constantly
used when the cause of disto-
cia be a weakness in the
expulsive efforts. It will
be well to examine into the na-
ture of this drug somewhat ac-
curately. It is the altered seed
of the common Rye. It influ-
ence when given in a full
dose is seen in some fifteen

minutes after administration.
The pains it produces are
tetanic and constant. It
is never allowable to give
Ergot when there is any
grave obstruction. It must
only be used as a uterine
stimulant. It is not usual
ly given to primipara - for
in them the uterus is generally
active and powerful.
The child must offer by a
normal position - either
by the vertex or the breech.
The Wine of Ergot is the most
reliable preparation, and
the proper dose of it is about
 $\frac{j\text{ss}}$ - each $\frac{j\text{ss}}$ containing
about grs viijss of the powder-
ed drug. Ramsbotham ad-
vises the use of an infusion.
Labor may be complicated

by an abnormal quantity
of liquor amni. Dr. Penrose
relates a case he had of a
woman, 6 ft. high - and large
in proportion. Her labors
had always been very rapid.
The dr. upon his first exam-
ination found the os dilated
about as large as half a dollar.
This was the condition found
at 9 o'clock in the morning,
and at 12 at night there
was no change. The woman
and her friends became much
dissatisfied. The bag of waters
was very thin, and the child
very movable, and the uterus
was immensely large. The
dr. ruptured the bag, and
gallons of liquor amni gush-
ed out. trickled down in
a puddle upon the floor, and

ran off into the corner of the
room from her flower down
a crooked little pair of stairs -
But Oh!! "Pactum est montes
mascule ridiculus mus" (Homer)
a puny, miserable little
abortive baby was brought
forth, the whole of the uterus had
been taken up with liquor amnii.
Sometimes labor is tedious be-
cause the uterus is in a state
of congestion. When this is the
case it is frequently advisable
to bleed. Labor is sometimes
slow because the uterus is nat-
urally weak. Treatment.
In such cases patience is
much required during the
first stage, and Ergot
aided by friction during
the second. Emotion or
nervousness, may make

labor tedious. The presence of the accoucheur may bring about a state of nervousness. In cases of great nervous instability, particularly when accompanied by Plethora - Opium is indicated. Labor may be induced slow by an enlarged or swelled condition of the external labia. The proper treatment is to fork the skin in several places so that the serum may be allowed to exude. A rigid vulva or perineum often causes a protracted labor. This condition may be relieved by the employment of the forceps. These are the very cases in which the forceps are needed most frequently. less frequently than in any other

condition. Lecture No. 38

One of the most usual causes of protracted labor is a contracted os; or rather one os which refuses to dilate. This is a complication most often met with in young girls in their first labor. The Treatment must be chiefly expectant. In such cases the accoucheur should not commit himself as to the time of delivery. The woman must not be put to bed, but must be made to believe that labor has scarcely begun yet. Occasional doses of Castor oil are useful. The patient should be allowed to occupy herself in any quiet manner. A small piece of Belladonna carried up to the os sometimes produces a very rapid dilatation. Spasmodic Con-

hæmorrhoids sometimes complicates Labor. In some cases there is absolutely no os when labor comes on. In these cases a cutting operation, or vaginal Caes. arian section must be performed. A cancerous condition of the uterus sometimes complicates Labor. This condition is more apt to affect child bearing women than others. The cancer may occlude the os uteri. Here the prognosis is always grave. Caes. arian section, or Embryotomy must often be resorted to.

Obliquities of the Uterus complicate Labor in many instances. If it be an anterior obliquity, the woman must be put upon her back, with her abdomen encircled by a bandage. External pressure and taxis is made by one hand

while the other is in the vagina
manipulating the os, and en-
deavoring to drag it into position.
Lateral obliquities, must be
treated upon the same prin-
ciples: in these cases the woman
is to be placed upon her side.
Sometimes a segment of the ut-
eri remains over the child's
head. in such cases manual
interference is required to push
the part ^{out} of the way. Tumors
of the uterus and vagina oc-
casionally complicate labor.
The different kinds of tumors
are numerous. They may be
bony, cancerous, or polypoid,
or one of several other varieties.
in fact their name is legion.
These tumors should not
be cut into if it is possible
to escape it, neither should

They be ligated. They must be pushed out of the way, or the forceps may be resorted to.

Deformities of the Pelvis. form some of the gravest complications to labor. Deformities are very frequently owing to diseases of the bones. This class of affections is rare among American women. Local enures. Embryotomy, Caesarean Section, Version by the feet are the various methods at hand.

Lecture No. 39

The Hodge Forceps are preeminently the ones to be used in moderate deformities. When there is not less than $3\frac{1}{4}$ inches in the anteroposterior diameter of the superior strait, there are hopes that the child may be delivered by the forceps—

The Instruments in these cases are not only to be used as levers & tractors, but also as compressors. Prof. Simpson advises that in those cases in which there is little or moderate deformity at the Superior Strait, the operation of Version by the feet be tried before the forceps are resorted to. This operation must be strictly confined to those cases in which the deformity is lateral, or to contraction of the conjugate diameter of the Superior Strait. It has been proposed to divide the ligaments connecting the symphysis pubis. It was supposed that this would give more space in the cavity of the pelvis, but experience has proved this to be a mistaken idea, and the operation is now looked upon as one not to be resorted

ed to. Embryotomy. This must
never be performed without a
consultation. It must never
be employed without the child is
dead, or has lost its viability.
The consent of the parent and her
friends, must always be gotten
before this operation is begun.
The first step is to have the woman's
bowels evacuated. Until
lately Smellie's scissors have been
used to open the child's head.
but more recently the Hodge
instruments have come to be con-
sidered the best scissors that can
be employed. Prof. Harlow's
perforator, is also a very good
instrument. It is not well
to make traction very soon after
having opened the child's head,
for if time is allowed to intervene,
the loss of blood and of brain mat-

The child can be readily born.
In some cases Morning sickness
is so excessive that it is demand-
ed of the Accoucheur to bring on
Premature Labor in order to save
the life of the mother. In cases of
moderate deformity this opera-
tion must be resorted to in
consideration of both mother &
child. It should be perform-
ed if possible only when the
child is viable. This is usually
about the close of the 7th. month.
In cases where the child's head
is very large the operation is some-
times demanded. for if it were
allowed to go on to full term it
would be still born. In such
cases it is performed for the
child's benefit. Premature La-
bor is called for when a wom-
an has lost several children

either during or just before labor. In such cases it may be brought on at 8 months. If the conjugate diameter of the Superior Strait is less than $1\frac{1}{2}$ inches, Caesarian Section must be performed.

If this diameter is more than $1\frac{1}{2}$ but less than $2\frac{1}{2}$ Embryotomy must be resorted to.

If the antero posterior diameter be more than $2\frac{1}{2}$ inches, but less than $3\frac{1}{4}$ - Version by the feet is the proper operation. If this op.

If this diameter is more than $3\frac{1}{4}$ but there still is contraction the forceps can effect delivery.

Lecture, No. 41.

Puncturing the membranes will doubtless bring on premature labor, but it is a method which

is neither safe to the mother or child, and should never be resorted to. Irritating the nipples has been proposed as a way for bringing on Premature labor. This is a very safe method but not at all a sure one. The Kewitz method, as it is called, has been proposed as an excellent manner to bring on Premature Labor. It is in fact a way of giving the os-uteri a cold douche - the water is forced into the vagina quite strongly several times in the day. It has been proposed by Dr. Tyler that hot and cold water be used alternately. The most reliable method is to make use of a sponge tampon. This must be introduced into the cervix and left there. The woman having been brought to the edge of the bed, into her vagina must be

inserted a tampon. a soft sponge may be used in this operation should always be resorted to if the acquiescence has been refused. That the instrument has not caused children from a contracted pelvis the duration is calculated to do away with the men blood and each as in before and the Canadian Sect. in Labor may be induced difficult or impossible by the anastomosis. Rectum. In the thorax. These cases the treatment is to make a puncture with a pointed instrument and allow the water to be evacuated. Rigid children sometimes coming swollen and the labor is very difficult in these cases must be fractured and the

cases of infantile ^{or escape}
Protrusion of the eye an abnor-
mal large and has caused
lame to be tedious. Prof. Purser
had one woman who in three
labors expelled 45 pounds of
fat. The first weighed 18 pounds,
the second 15 pounds, the last 12
pounds. Prof. Purser weighed
himself and found his compli-
cate in some instances

Lecture No. 42.

Vision by the Vertex - That hand
should be used, whose palm shall
correspond with the occiput of
the child. Cases of brow protru-
sions, must be treated by this
operation. If it cannot be
accomplished, the force must
be used and the head be forced
to flex. It might become nec-

usually in such a presentation
as to perform Embryotomy.
Presentations of the side of the
Head. Should be treated by
performing version by the ve-
tex. Sometimes however, this
presentation becomes sponta-
neously changed. Great
lateral obliquity may cause
unnatural presentations of
the child's head. In Face
presentations, three positions
are favorable, in three others
that may occur, labor becomes
impossible. The favorable
positions are the anterior men-
tal, the unfavorable ones are
the posterior mental. Taking
the first position as a type,
we mark that the first effect
of uterine contraction is to
cause adaptation. The head

becomes more extended. The
face then descends. At length it
meets with obstruction and the
contractions continuing the head
is made to rotate and the ver-
tex gets in the hollow of the
sacrum - the chin then engages be-
neath the arch, and the vertex
describes around it the arc
of a circle, and is born in a
state of flexion. The shoulders
engage - rotate and are
born

Lecture No. 43.

In fourth positions of the chin, if
it ends spontaneously, it will
do so by the chin rotating, coming
in front and converting a 4th
position into a 2nd. This will
not often occur, and if it does
not, delivery, unassisted, becomes
impossible. Face presentations

are always tedious, even when
the chin comes in front.

The mother's soft parts are
powerfully pressed upon for
a long time, and therefore their
positions are dangerous to
her. But they are not only
dangerous to the mother, but
by reason of the immense and
continued pressure upon the
child, it often becomes As-
phyxiated, and is not infrequently
still born. In ments anterior
or positions the forceps may
be used - by this means the labor
may always be terminated suc-
cessfully. The force may sometimes
answer the purpose. Ments posterior
positions being incompatible with
natural delivery, it is the duty
of the physician so soon as he
finds the child is coming down in

this manner to resort to the operation of version by the vertex.

If this cannot be done, no time should be lost in resorting to version by the feet.

If the head has come down too far for either of these operations to be performed, the Chin must be brought in front, either by the hand, the hook, or the forceps. Embryotomy is a last resort.

Trunk Presentations. These are not frequent. Causes. All those circumstances which give the child great latitude of movement. It is not infrequent for the 2nd. child, in cases of twins, to come down by the trunk. Trunk presentations, are ^{always} cases of impracticable labor. Sometimes these presentations will terminate by spontaneous version

or by spontaneous evolution.
Spontaneous version is much
more likely to occur before
the bag of waters is ruptured,
than it is after that has taken
place. By this, a trunk pre-
sentation is changed either
into a presentation of the
Vertex, or of the Breech. This
does not occur except in
very rare instances. In
Spontaneous Evolution the
arm and shoulder, and at length
the trunk is expelled, and then
the head will be born as
in breech presentations. This
process is very slow and
the product of conception is
almost always destroyed, and
indeed the life of the mother is
in great jeopardy. Treatment.
Cases of Trunk Presentation should

^{Primitum}
never be left to nature. Version
by the feet is the operation to be
employed. This in these pre-
sentation is generally very easily
accomplished.

Lecture No. 44.

The treatment of ^{Primitum} trunk presentations
is the proper subject of the after-
noon's lecture. Version in these
cases though generally easy, is
sometimes on account of the tops
of liquor Amnii, or irritable con-
traction of the uterus, impossible.
Version by internal and external
manipulations should in such
cases be resorted to. By this operation
spontaneous version is merely aided
or imitated. If neither of these
operations can be performed, Dr.
Hodge proposes that a blunt hook
be introduced between the legs
upon the nates and force as

bruchs presentation. Should
all these resorts fail Embryotomy
is all that is left. The "blunt hook"
must be put over the neck so
that it can be drawn down low
enough for the head to be decapitated.
Fatal accidents. Prolapsus
of the Cord and Short Cord. The
Causes of prolapsus of the cord are
numerous, such as Placenta pre-
via, Breech presentations, and
more particularly an undue
amount of Liquor Amnii, which
when it is evacuated, washes
out the cord. In more cases
of prolapsus of the Cord the
child will be still born. If
it be discovered very early it
is sometimes replaced without
difficulty to the cavity of the uterus.
If it has a tendency to come
out again, a little piece of

sponge may be introduced into the mouth of the uterus, in front of the cord: This will swell and possibly may form an obstacle to the subsequent prolapse of the Cord.

Short Cord. The shortest cord that Dr. Keen has met with was six inches. In cases of this sort the only way that Labor can be rendered possible is by the application of the forceps.

Accidents happening to the Mother.

Furieuse Convulsions, those taking place either before, during, or following Labor. Predisposing causes. An irritable condition. Exciting causes - centric - or eccentric. Plethora; anaemia; blood poisoning; constipation; Emotions; these are all centric causes. The eccentric cause is irritation in any distant organ.

or pressure of the child during its
expulsion. Treatment. Blood
letting. This is not only curative,
but it also lessens the tendency to
apoplexy, which otherwise would
be very likely to occur. The quan-
tity which should be taken is some-
times large. Purging enemata: con-
tinuous irrigation: cold to the head.
Anodynes may be employed
after debilitating remedies have
been given. Chloroform is
valued as the convulsion is
coming on often proves useful.
Some recommend to bring on
delivery immediately, but this
is bad practice. Premature
labor should not be brought
on to relieve these convulsions.
If labor has already commenced,
it may be hastened, this may
be done by the forceps. Care

must be taken however that we do not cause more irritation than that we are striving to relieve.

Lecture No. 45.

The second method of treating Placenta Praevia is the one which Dr. Wood recommends. That is by introducing a tampon during the first stage of labor, and if the haemorrhage should continue, the bag of waters is to be ruptured, and labor terminated speedily. Dr. Penrose prefers to introduce the tampon, and as soon as possible perform the operation of version. Dr. Simpson advocates that the placenta be delivered first and the child afterwards.

Accidental Haemorrhage. Must be treated by rest, the use of

the Tampons, cold, and if the
Haemorrhage lasts, a hasty
delivery. Laceration of the
Uterus. May be the consequence
of obstructions, too violent ac-
tion of the organ itself - improp-
er use of Ergot, and disease
of the Uterus. The laceration
may take place at any part,
and may extend in any di-
rection. Treatment. This
is to empty the uterus as soon
as possible. If the child has
escaped into the abdomen, the
operation of Gastrotomy must
be performed. If the head be
in the vagina, the forceps should
be employed. If it be at the
Superior Strait, version by the
foot is the proper treatment.
Diseases peculiar to Women.
In treating women we must

we be mindful of the influence that sex has over her. In every anatomically perfect woman at a certain age (not accurately fixed) the function of menstruation should become established.

Lecture No. 46.

Amenorrhoea. May be due to an absence of the ovaries or the uterus. Apparent amenorrhoea may be caused by obstruction such as an imperforate Hymen. The egg and secretion (?) may be lost at the fimbriated extremities of the Fallopian tubes, and fall into the cavity of the peritoneum; here it may or may not cause inflammation. In our climate, menstruation generally comes on between the ages of 12 and 15. Sometimes

young girls will pass by this time without menstruating. If they are healthy in all other respects this condition need cause little alarm, for the function will generally ultimately be established. Sometimes even plethoric healthy young girls will not menstruate. This cannot be compatible with permanent health, she will become morose, troubled with headache, disponding, and anaemic, and chlorosis will at length be marked. The rosy cheeks, the cherry lips, the liquid eye and the joyful voice, become changed for a pallid face, bluish lips, and a heavy sorrowful eye. Emathea Menstruum, is that condition in which the function of menstruation has never taken

place. Treatment. If there is no
ovary or uterus, nothing can be
done. Should there be an im-
perforate Hymen it is necessary
to puncture it. The indications
are to lessen irritation and to
ward off plethora. Hygienic
laws must be regarded. Bathing,
frictions, and horse back riding -
Tugging. All this must be done
at the interval, and afterward,
at that time when the flow
should take place, the girl must
be put to bed, and have warm
drinks given her, which should
be slightly stimulant and dis-
phoretic. Not only must one
flow be brought on but the reg-
ular habit must be establish-
ed. This is the treatment appli-
cable to amenorrhoea taking
place in plethoric females.

Amenorrhoea is much the most frequently found in weak and anaemic girls.

Treatment in these cases consists in brisk exercise and sunlight. Never forget in the treatment of all chronic diseases such as Scrophulous, tuberculous or the like affections, the vivifying influence of sun light.

Nutritious food is all essential. Keep the cutaneous surface in good condition. It is sometimes well in the beginning of the treatment to employ very small doses of Calomel and the Bicarbonate of Potassa. These may be continued for some time, until secretion and excretion be fully established, then Iron and Quassia will prove beneficial.

Lecture No. 47.

In cases of *Emanio Menstruum* it becomes necessary to develop the vitality, for non appearance of the Catamenia is due to debility. Rubbing with "Hair gloves" and with a "Back Strap" is a very essential element in the treatment. This should be done with regularity every day. The exercise should be such as to cause exertion and produce perspiration. Rest however should always follow such exercise. If the bowels are constipated, the best laxative that can be given is Castor Oil. One Spoonful may be given at night time. Cod Liver oil may often be administered with benefit. A regular habit of menstruation is of vital importance to a young girl, without such ex-

ists she will probably be muse-
able for life. Cramping the minds
of young girls with too much
learning, at the expense of their
physical development, injures
them more than anything else;
let us then have less arithmetic
and more menstruation, fewer
books and more babies. A
coquettish glance, a saucy smile
and a happy voice, will fas-
cinate, where an oration on wom-
an's rights, or upon her intellect-
ual abilities would only repel.
A man does not love a woman
for her power in Differential
Calculus - he loves her simplicity.
Suppression Mensium. This is
that condition in which the dis-
charge having once taken place - for
some reason stops. Pregnancy,
Excessive venereal indulgence

Respondency - There are some
of the causes. Cold is also one
of the more prolific causes, of
suppressed menstruation. The symp-
toms may be those of congestion
or depression. This condition
may pass off at the time of the
next menstrual period. Whenever
a woman gets much below her
standard of health, she will be
troubled with Amenorrhoea -
This we may put down as a
general law.

Lecture No. 48.

Vicarious haemorrhage, or discharges often take place, in the stead
of the menstrual flow. This generally
happens from the pulmonary
and mucous membrane, or in
the stead there may be a de-
arthralgia &c in. Girls suffer-
ing from suppressio menstrui

are very apt to have eruption
affections — Acne, and the like.
Treatment of Suppression Men-
struum. The woman should be
put to bed, and hot baths
should be taken. These should
be of as high a temperature as
the girl can bear. Hot drinks
are also useful. Saline di-
aphoretics and purges may
be employed. If this does not
suffice, and the period goes
by, the woman must get up
and go about her usual oc-
cupations, and when the next
period comes on, a similar
mode of treatment should be
resorted to. Chronic Suppression
Menstruum. If this be physiological,
it cannot be treated success-
fully. If it be pathological, the
vitality of the patient should be

stimulated. Anaemia is al-
most always a complicating symp-
tom of this condition. The uterine
system, when in proper condition,
reacts strongly upon the system
and gives it vivacity. What a
miraculous change comes over
the young girl, when her sexual
system becomes fully developed.
Her pure and squeaky voice, her
unprepossessing manners, are
changed for all of the fascination
of an angelic young girl. Those
girls having the healthful ova-
ries are always those having
the most beauty. A poor anaemic,
chlorotic girl, suffering from
amenorrhoea, takes pills for
her pimples, and purges for her
piles, and calls but little ad-
miration from her opposite
"Six" Iron is among the most

potent remedies given in
amenorrhoea. Dr. Penrose
Knows of a certain village sit-
uated upon a stream whose
waters are much impregnated
with Iron. He says it has a
great influence upon the fe-
malis of said village - the pre-
marital state being the natural
state for all of the married
and most of the unmarried
girls of the place. Aloes, Sassa-
parilla, black hellebore, are all useful
emmenagogues. Dr. Hodge re-
commends the last medicine,
he gives grs. XX in a wine
glass full of water 3 times a day.
Prof. Penrose, highly recommends
equal parts of the Tincture of
Cantharides, and of the Tincture
of the Chloride of Iron; of which
he gives grs. XXX in a tumblerful

of water 3 times a day. Aloes-
grs & to Marsilage $\frac{ss}{ss}$ may be
injected into the rectum as
a local application. In Italy
an injection of Aqua Ammonia
in milk, is thrown into the
vagina. This must be just
strong enough to cause a little
tingling feeling.

Lecture No. 49.

Menorrhagia is the proper subject
for this afternoon's lecture. We
have been considering suppression
of the menstrual flow. it now be-
comes us to study too profuse a
flow. About $\frac{ss}{ss}$ of discharge should
take place daily in a healthy wo-
man. Due quantity alone does not
constitute menorrhagia. It may be
small in quantity, but still may
have an injurious effect upon the
woman, this is menorrhagia.

If the daily discharge be small,
but still be too long continued
the patient would be said to
be menorrhagic. This disease
may be brought on by strong
emotions, which cause engorge-
ment of the ovaries. in fact
we may state, in general, that
anything which causes ovarian
excitement, or uterine engorgement
will be likely to bring on men-
orrhagia. Anaemia is another
cause, as is direct violence to, or
inflammation of the uterus. Pro-
stitutes suffer from this disease.
A young woman consulted Dr.
Penrose who was married to
an old man, whose youthful
vigor had gone, but whose de-
sires were not the least diminished.
The consequence was frequent
attempts which were unsuccessful.

ful, causing only ovarian en-
gorgement, and excitement and
therefore Menorrhagia. Dr. P.
ordered that they should occupy
different beds. After this had been
done some time, the husband
returned to his wife, and the con-
sequence was a pregnancy.

The Dr. consequently claims to be
as truly the father of that child, as
its rightful male parent.

Treatment of menorrhagia. Find
the cause, and seek to remove
it. In Sthenic cases com-
bined with constipation, give
a restricted diet of purgatives.
Attention to the condition of the
skin is important. Bathing
followed by friction with powder of
benzoin. Regulation of the amount of
sexual indulgence is essential.
During the menstrual flow the

woman must be put to bed
and kept there until it is checked.
ed. A saline laxative may be
given when the regular dis-
charge is expected. Anodynes are
useful in all forms of Menorrhag-
ia. Injection of denarcotized
Opium may be used to lessen
ovarian or uterine excitement.
In the interval we may order
cold hip baths. Cloths wrung
out of cold water and vinegar
may be put over the Hypogas-
trum. A Pint of Cold water
may be injected into the vagina
daily. Alum, tannic acid, &
other astringents may be add-
ed to water and frequent in-
jections (vaginal) of the mixture giv-
en. The internal use of Acetate of
Lead is often useful. Gallic
acid may be given inter-

all. Ergot may be used, and often produces happy results.

Lecture No. 57.

In the "interval" if possible, the cause of the disease must be ascertained, and removed. In some ^{rare} cases, it becomes necessary to use the tampon to save life, the discharge is so very profuse. The last resort is to inject liquids into the cavity of the uterus. This mode of treatment is not unattended with risk, even if simple cold water is used.

Gallie acid, nitrate of silver and Moncilli's salt may be used to prepare injections with.

Neuralgic Dysmenorrhoea. The pain in this disease is of a peculiar kind; it is sharp and lancinating. The pain may precede the menstrual flow, at other times it comes on after the discharge begins, and may be fol-

lourd by the expulsion of a small
clot, after which time the pain
may cease. Conjictive form
of Dysmenorrhoea. Is not as
frequent in young girls as the
neuralgic variety. The pains are
paroxysmal, they are somewhat
like labor pains, but unlike them,
there is no interval of complete
ease. In one variety of dysmen-
orrhoea, Rheumatic or Eclat
symptoms are observed. The
skin is hot and perspiring. There
is fever and during the interval
the uterus is irritable. The
seat of pain in dysmenorrhoea
is doubtless in the muscular
tissue of the uterus. In the
Conjictive form of dysmenorr-
hoea there is frequently a
discharge of a shready mem-
brane. In rare instances,

a complete lining membrane of
the cavity of the uterus is thrown
off. ^{This} is now owing to in-
flammation of the womb, but
to congestion of that organ, and
the membrane or shroud is the
exfoliated mucous membrane
of the uterus. It is by some sup-
posed, that a contracted state
of the os-uteri is the pathological
condition existing in this disease.
Dr. Purse regards this as at least
a very rare cause. A history
of the case will serve to disting-
uish this from Abortion. Treatment
Relieve pain, lessen congestion. Pro-
mote relaxation - Anodynes -
laxatives, and hot baths are
the proper remedies. The tem-
perature of the bath should range
from 100° to 115°. Rest is ab-
solutely essential for Sympia.

orrhoeal patients. Alcoholic
stimuli are useful for they all
anodynes, and they lessen pain.
However it is questionable whether
it is wise to allow hot al-
coholic drinks, for as it is a
recurring disease the habit of
taking stimulants may become
permanently established. If
the dysmenorrhoea is due to
cold, it may be well in some
cases to give hot whiskey and
Ether is a useful remedy, as
is also Chloroform, but the
same objection that is made
to the use of Alcohol, may be
urged against both of them. The
same may be said of Opium
but the habitual use of
Opium is not as bad or
as injurious as the con-
stant drinking of Alcohol or

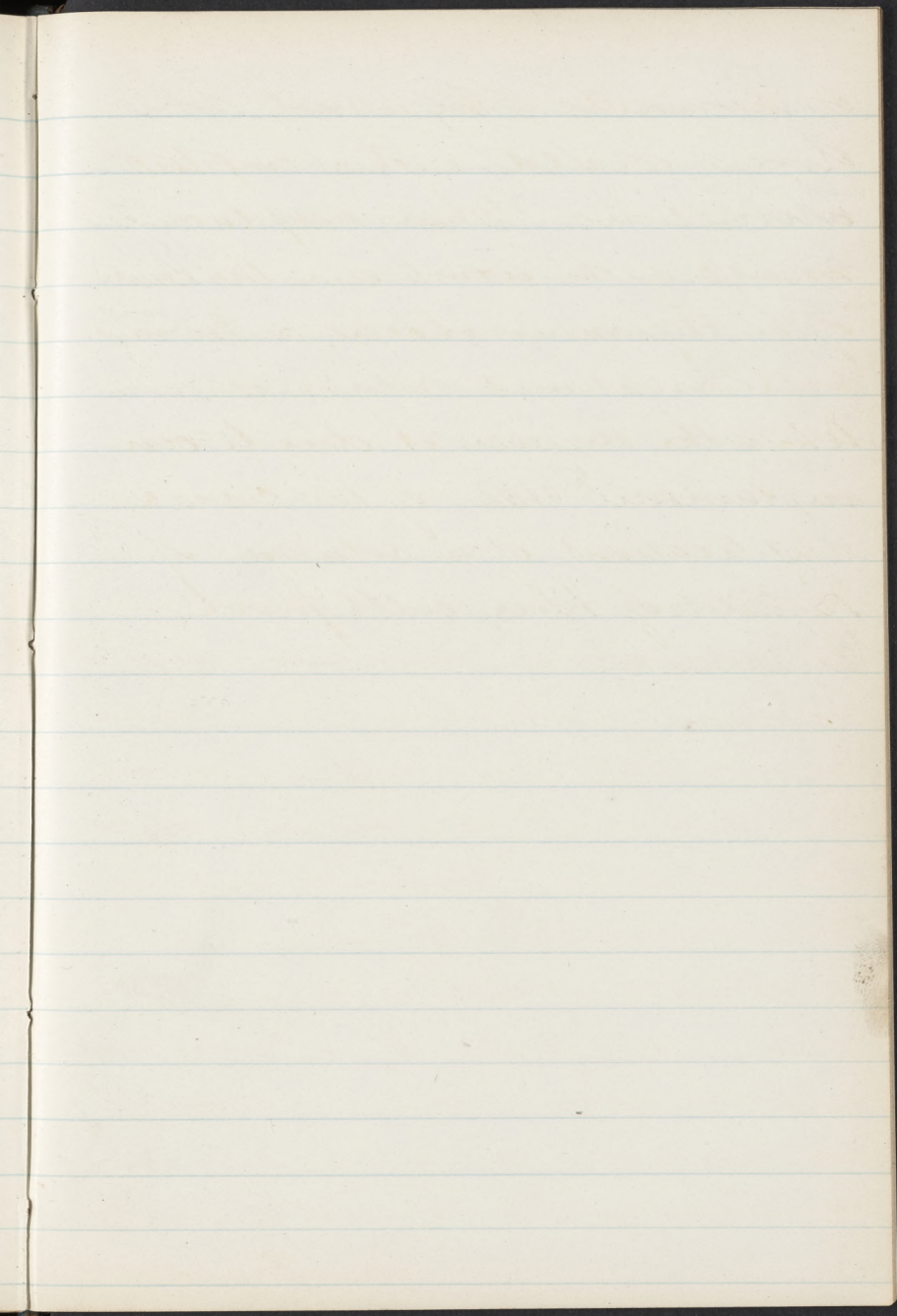
frequent inhalations of Chloroform.
Lect. Lecture No. 51.

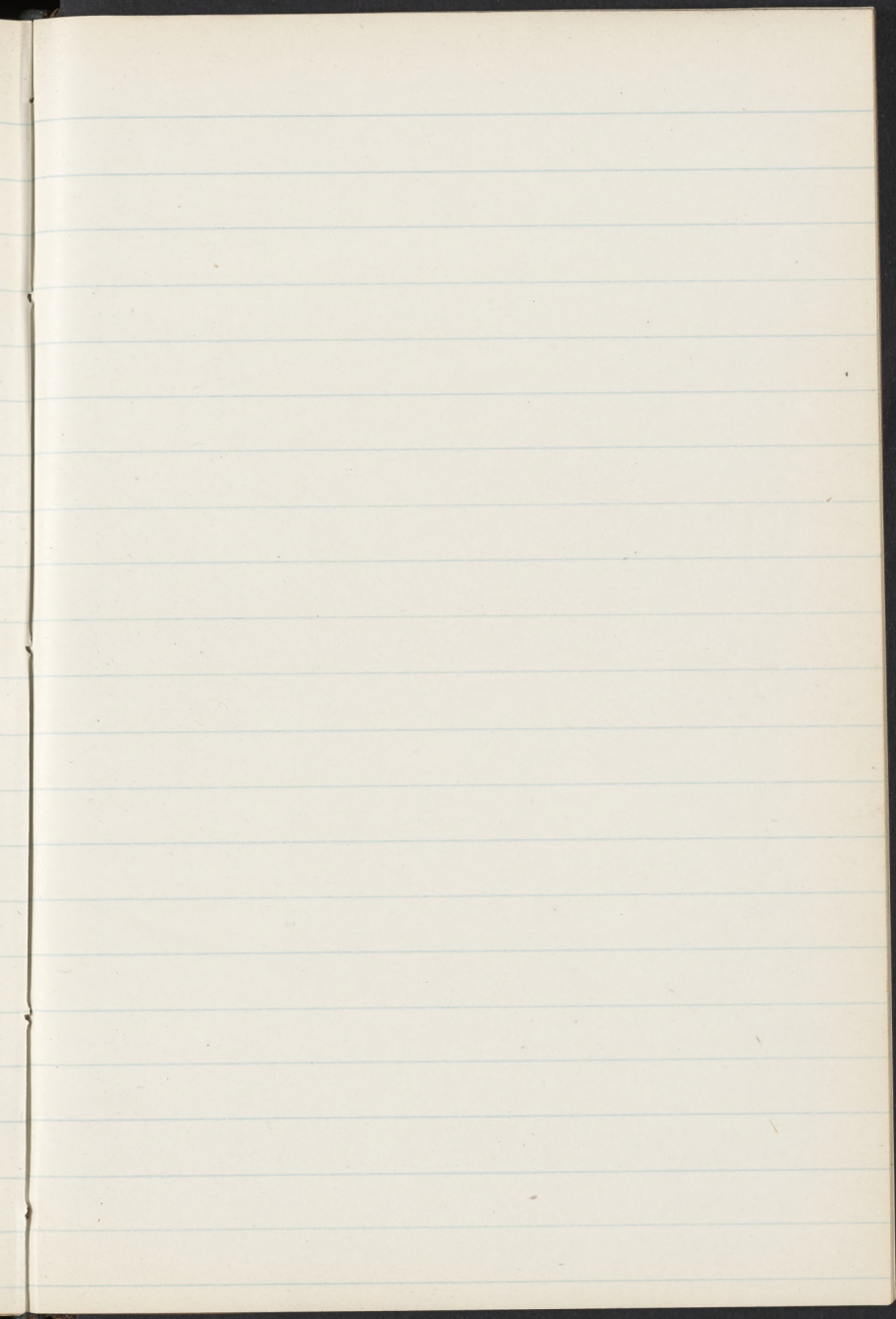
Of the various preparations of Opium the watery extract is probably the best, it is less apt to constipate; or to disorder the stomach than most of the other preparations. It had better be given by the rectum. The Rectum Opii is a good form in which to administer this drug. If Opium cannot be used, Hyocyamus is the next best narcotic - of this the English Extract is the most to be valued, & it may be given. Camphor does not augment the action of Opium or Hyocyamus when given in combination with them, it rather modifies their action. Camphor alone may be given as a stimulant and aromatic. Dr. Simpson

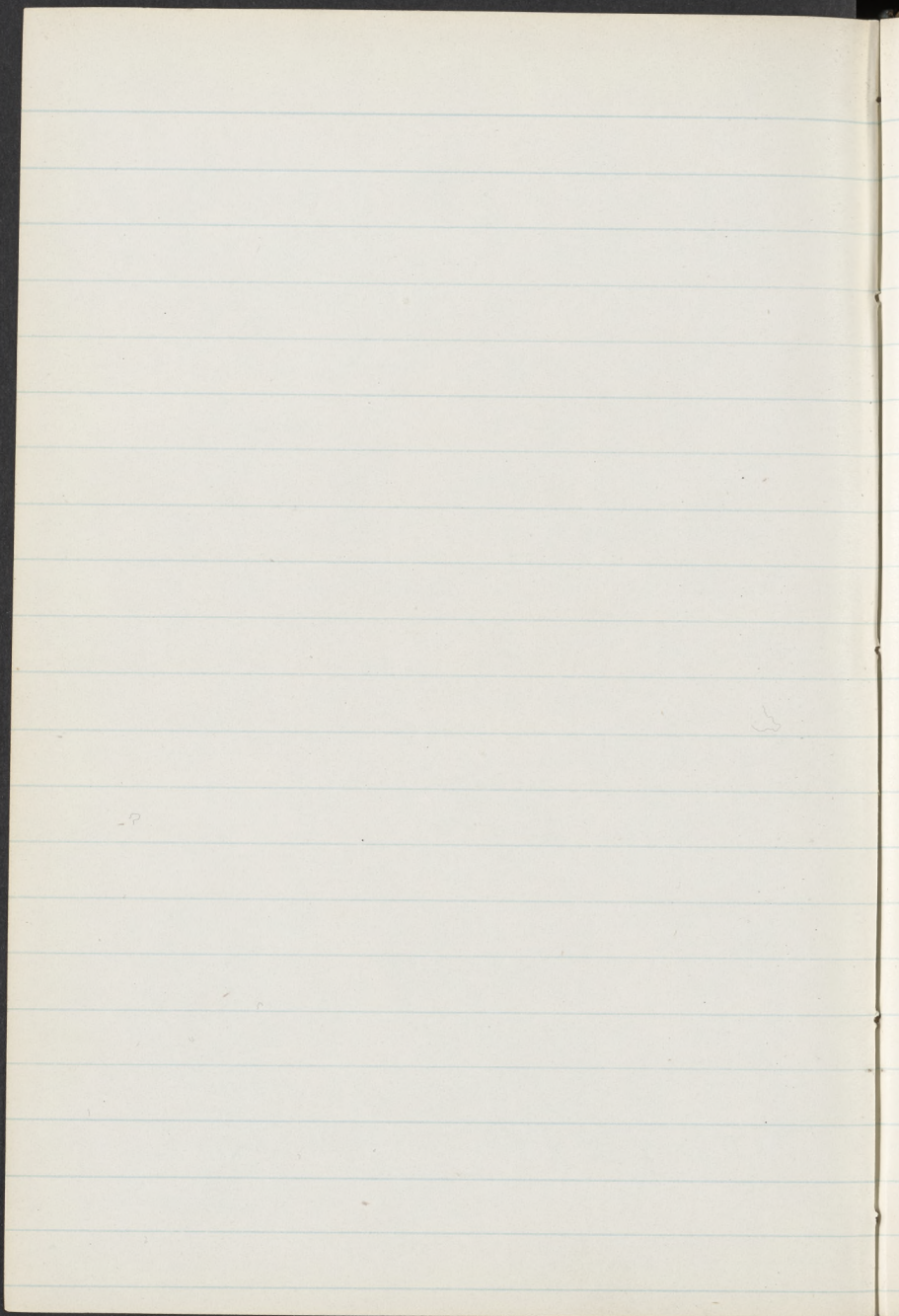
recommends the injection of Car-
bonic acid gas against the Os
uteri; he also speaks in high
terms of vaginal injections of
the vapor of Chloroform. In the
congestive varieties of dysmen-
orrhoea, anodynes are of but
little use. The indication is
is to remove some blood and
by this means relieve congestion.
Leeches applied to the anus often
affords great relief. In the
"interval" the leeches may be
put to the neck of the uterus -
They must not however be put
to this part when the regular
menstrual flow is nearly at
hand. for such a course might
cause a suppression. When
consulted about painful men-
struation occurring in a young
girl, it should be remembered

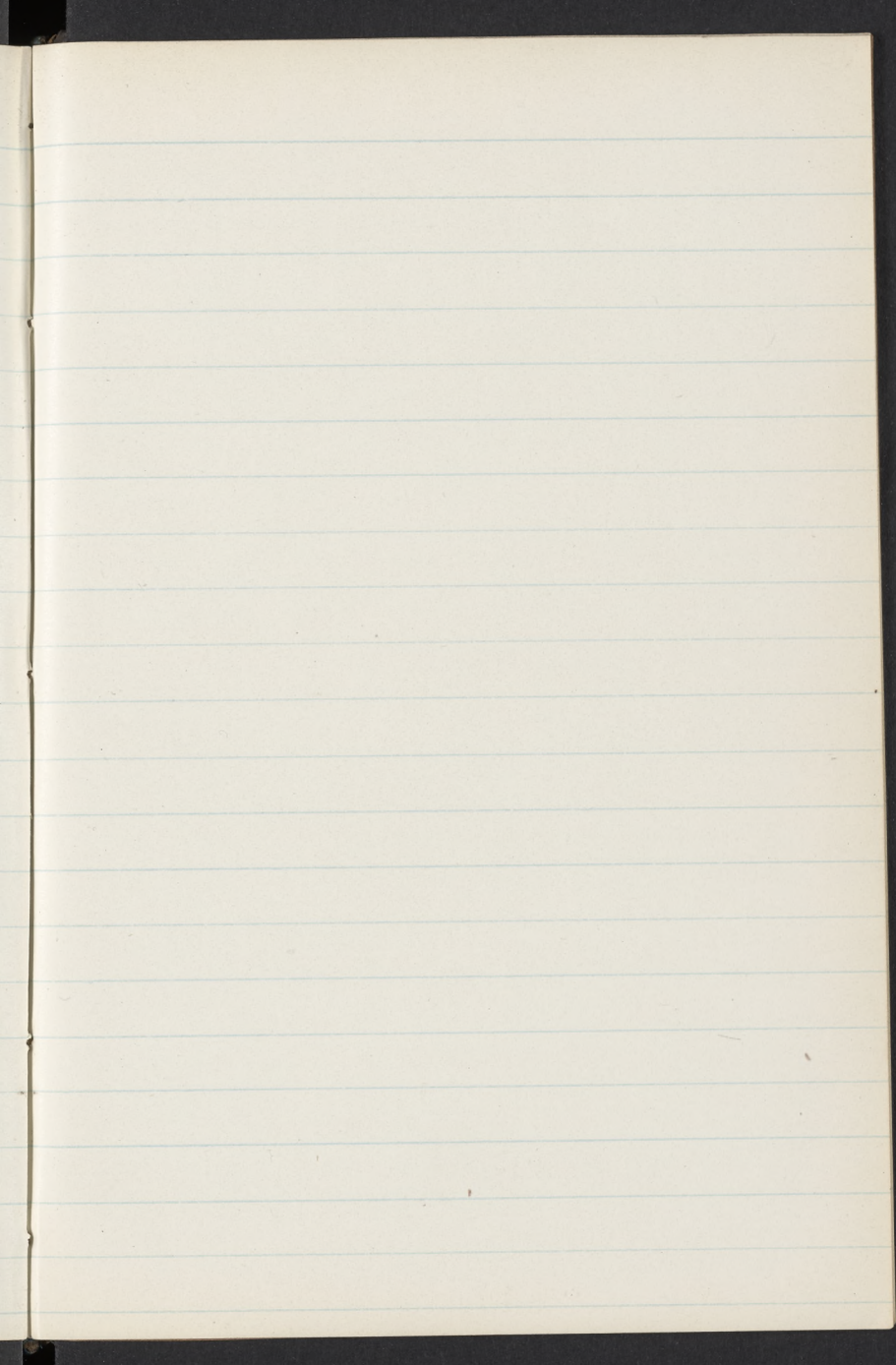
that a tendency to the formation
of habit, either good or bad is
very strong in them, it should
therefore be the chief aim to remove
the pain as soon as possible, that
the habit of painful menstruation
may not become fully estab-
lished. "Unhappy is that man who
marries a dysmenorrhoeal
girl. He finds dysmenorrhoea
and bliss utterly incompatible.
Many a man has offered up
his happiness on a marriage
altar sprinkled with dysmen-
orrhoeal blood." If a medi-
cal man is consulted as
to the expediency of such a con-
nection, he should by all means
disapprove it. In the num-
erous form of dysmenorrhoea
Dr. Simpson recommends ap-
plying powdered Nitrates of Silver

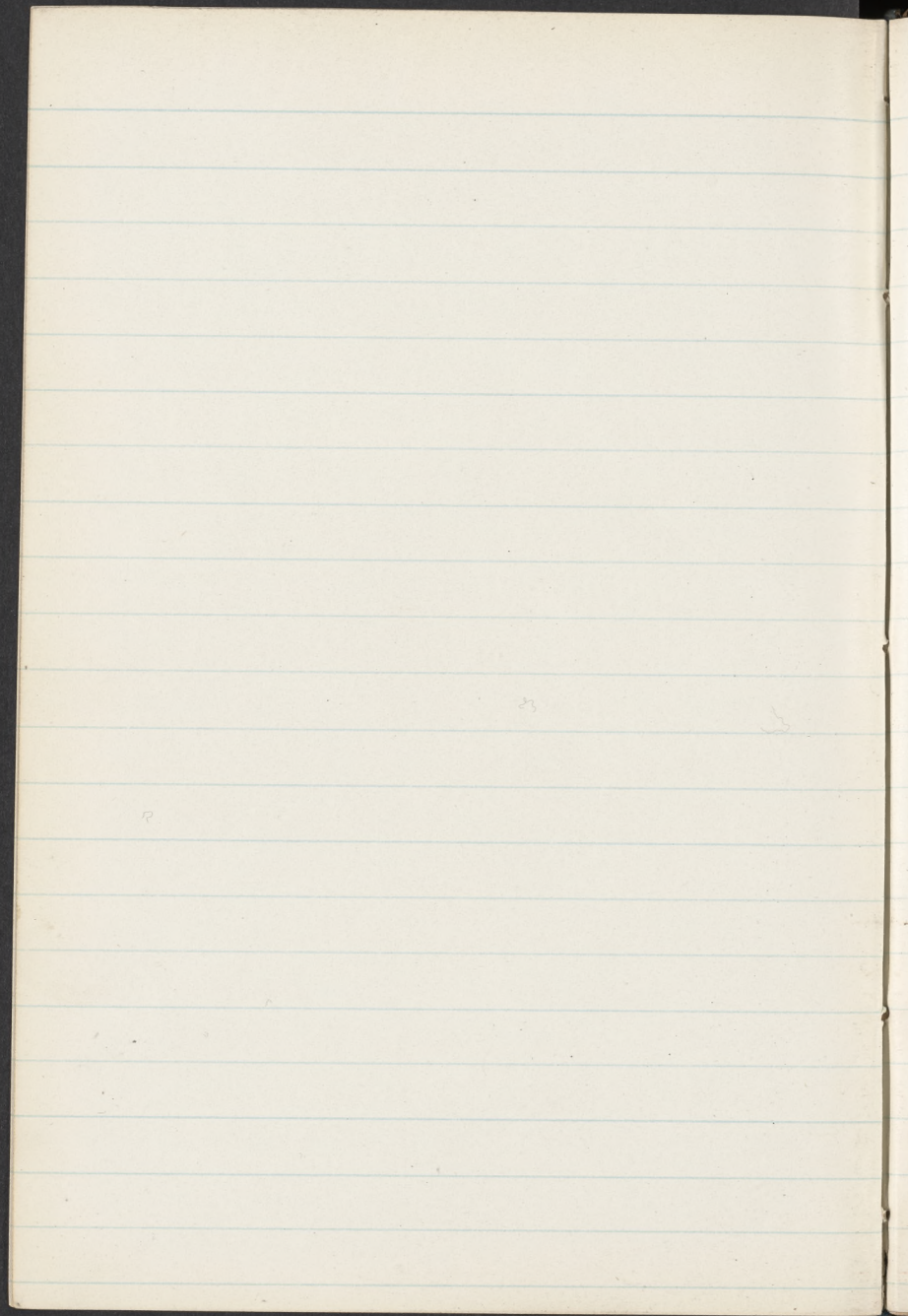
to the inside of the uterus. Dr
Pembrose would rather employ
a solution. When displac-
^{ments of the womb} are the cause
of the dysmenorrhoea, a pessary
will sometimes relieve it.
When the disease is due to an
inflamed state of the cervix,
applications of a solution of
Nitrate of Silver will prove
beneficial. If the Nitrate of Sil-
ver will prove beneficial.

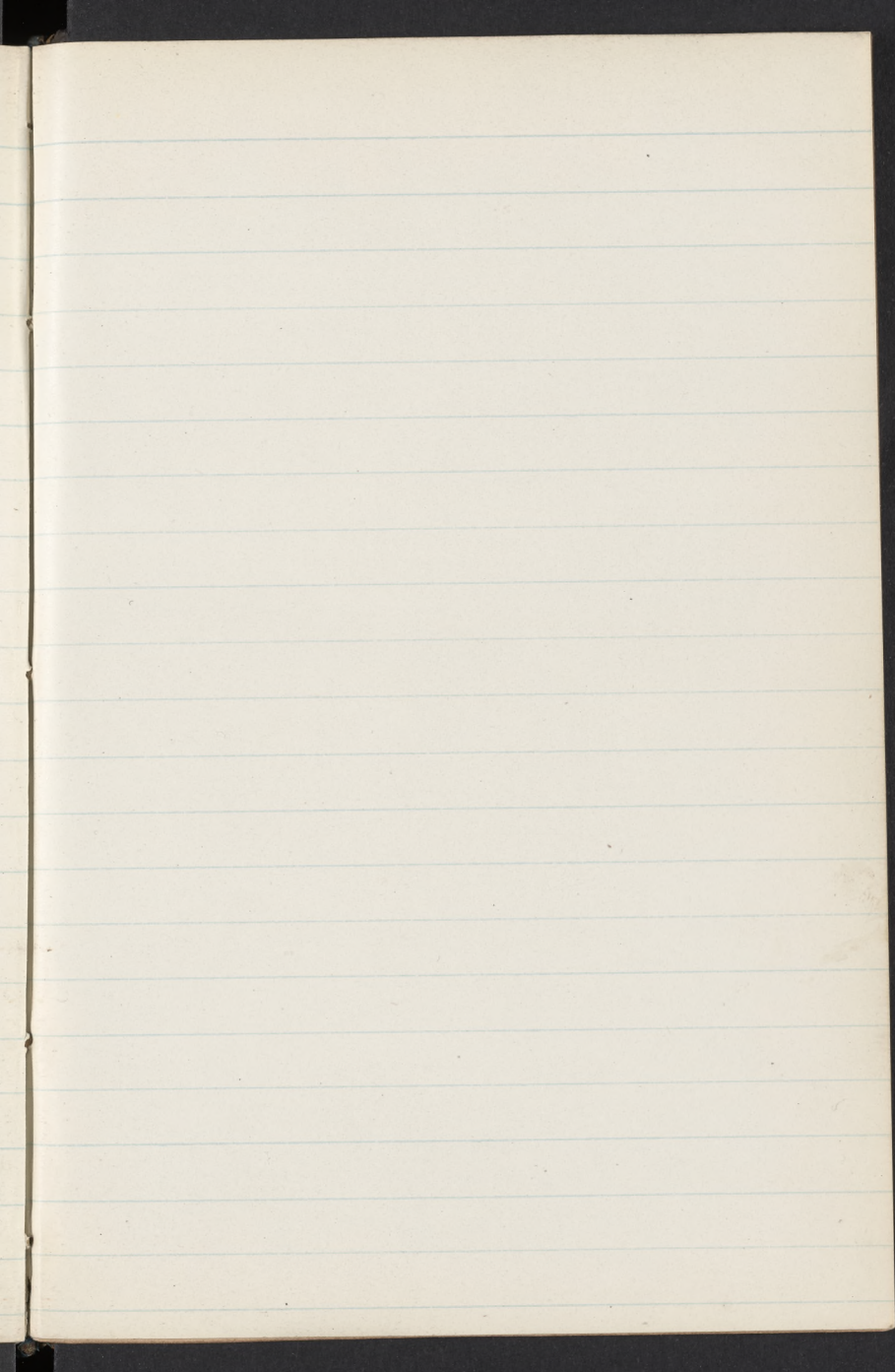












Ms.

